

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P11000019079

Entity Name: QUALITY PHLEBOTOMY, INC

FILED  
Jan 08, 2012  
Secretary of State

## Current Principal Place of Business:

312 N. OHIO  
LIVE OAK, FL 32064

## New Principal Place of Business:

## Current Mailing Address:

312 N. OHIO  
LIVE OAK, FL 32064

## New Mailing Address:

FEI Number: 27-5116698

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

BROWN, MONICA  
186 NW GERSON LANE  
LAKE CITY, FL 32055 US

## Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: P  
Name: BROWN, MONICA  
Address: 186 NW GERSON LANE  
City-St-Zip: LAKE CITY,, FL 32052 US

Title: VP  
Name: GEE, IDA M  
Address: 505 NW 2ND AVE  
City-St-Zip: JASPER, FL 32052 US

Title: B  
Name: BROWN, TREND A  
Address: 4347 SW CR 152  
City-St-Zip: JASPER, FL 32052 US

Title: B  
Name: BROWN, TRACEY  
Address: 4347 SW CR 152  
City-St-Zip: JASPER, FL 32052 US

Title: B  
Name: FORD, BRITTANY  
Address: 1143 9TH ST. SW  
City-St-Zip: JASPER, FL 32052

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: MONICA BROWN

P

01/08/2012

Electronic Signature of Signing Officer or Director

Date