3-10-91 13-2836 (*) FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

FILED

Mar 10 1997 8:00am

Secretary of State

2/20/97

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997

SIGNATURE:

DOCUMENT # P96000072895 (1)

VOLUSIA INDEPENDENT PHLEBOTOMIST SERVICES, INC.

Principal Place of Business Mailing Address 725 427 S. #195 NOVA ROAD 725 427 S. #195 NOVA ROAD ORMOND BEACH FL 32174 ORMOND BEACH FL 32174 3. Date Incorporated or Qualified 3a. Date of Last Report 09/03/1996 2a. Mailing Address 4. FEI Number 2. Principal Place of Business Applied For 93386373 Not Applicable 26 21 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 27 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees 28 23 Country Zip Country Zipi 8. This corporation has liability for intangible tax under s. 199.032, XX Yes No Florida Statutes 24 29 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name ROBINSON, DEBORAH Joseph P. Clark 427 S. #195 NOVA ROAD Street Address (P.O. Box Number is Not Acceptable)
533 N. Nova Road, Suite 115 82 **ORMOND BEACH FL 32174** 83 City 64 85 Ormond Beach. .0502 and 607.1508, florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered state of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered bligations of, Section 607.0505, Florida Statutes. 11. Pursuant to the provisions of Sections office or register agent. Lam fatn ed agent, c. both liar with, and acc in th 2/20/97 SIGNATURE of registered agent and title if applicable (NOTE: Registered Agent's gnature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 12 13. Change Addition DELETE 1.1 TITLE President 10LE ROBINSON, DEBORAH Mary Jane Newsome NAME 1.2 NAME 725 S. Nova Road # 195 427 S. NOVA RD. #195 1.3 SYREET ADDRESS STREET ADDRESS Ormond Beach, F1. 32174-7332 ORMOND BEACH FL 32174 14 CITY - ST - ZIP CITY - ST - ZiP DELETE Addition TILLE 21 TITLE 22 NAME NAME 2.3 STREET ADDRESS STREET ADDRESS 2. 4 CITY - ST- ZIP CITY - \$1 - ZIP Change ___ Addition DELETE 3.1 TITLE 101.E 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS CITY - ST - ZIP 3.4. CITY-ST-ZIP DELETE Addition 41 TITLE TITLE 4 2 NAME NAVi 4.3 STREET ADDRESS STREET ADDRESS CITY - ST - ZIF 4.4 CITY - ST - ZIP DELETE ☐ Change Addition 51 TITLE THEF 5.2 NAME NAME 5.3 STREET ADORESS STREET ADDRESS CHTY - ST - ZIP 5.4 CITY-ST-ZIP Change Addition DELETE 6.1 TITLE TITLE 6.2 NAME NAME STREET ADDRESS 6.3 STREET ADDRESS 6.4 City-ST-ZIP CITY - \$1 - 2IP 14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corpolation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 12 or Block 12 or Block 13 or Block 13 or Block 13 or Block 13 or Block 14 or Block 15 or Block 15 or Block 15 or Block 16 or Block 16 or Block 17 or Block 17 or Block 17 or Block 18 or Bloc