

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED  
May 06 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P97000025498 (1)

1. Corporation Name  
LONG PHLEBOTOMY INC.

Principal Place of Business

1354 NW 81ST AVE  
PLANTATION FL 33322

Mailing Address

1354 NW 81ST AVE  
PLANTATION FL 33322

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/21/1997

2. Principal Place of Business

2a. Mailing Address

21 2455 E. Sunrise Blvd.  
Suite, Apt. #, etc.

26 2455 E. Sunrise Blvd.  
Suite, Apt. #, etc.

4. FEI Number

Applied For

65-0736175

Not Applicable

22 c/o GSS, Suite 502  
City & State

27 c/o GSS, Suite 502  
City & State

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

23 Ft. Lauderdale, FL  
Zip

28 Ft. Lauderdale, FL  
Zip

6. Election Campaign Financing  
Trust Fund Contribution

☐

\$5.00 May Be  
Added to Fees

24 33304

25 Broward

29 33304

30 Broward

8. This corporation owes or has paid the current year Intangible  
Personal Property Tax due June 30.

☐

Yes

☐

No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

LONG, BRUCE A  
1354 NW 81ST AVE  
PLANTATION FL 33322

81 Name

R. Leslie Pastre, Acct. Exec.

82 Street Address (P.O. Box Number is Not Acceptable)

GSS 2455 E. Sunrise Blvd., Ste 502

83

84 City

Ft. Lauderdale

FL

85 Zip Code

33304

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent I am familiar with and accept the obligations of Section 607.0505, Florida Statutes.

SIGNATURE

*R. Leslie Pastre*

R. Leslie Pastre, A/E

4-24-98

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

1.1 TITLE

12 NAME

13 STREET ADDRESS

14 CITY-ST-ZIP

P/D

Bruce A. Long

11129 NW 39th St., #103

Sunrise, FL 33351

☐ Change

☒ Addition

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

2.1 TITLE

22 NAME

23 STREET ADDRESS

24 CITY-ST-ZIP

S/T/D

Robin Zukerman-Long

11129 NW 39th St., #103

Sunrise, FL 33351

☐ Change

☒ Addition

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

3.1 TITLE

32 NAME

33 STREET ADDRESS

34 CITY-ST-ZIP

Sunrise, FL 33351

☐ Change

☐ Addition

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

4.1 TITLE

4.2 NAME

43 STREET ADDRESS

44 CITY-ST-ZIP

☐ Change

☐ Addition

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

☐ Change

☐ Addition

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ Change

☐ Addition

14. I 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 corporation 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 13 if changed, or on an attachment with an address.

SIGNATURE:

*Bruce A. Long*

Bruce A. Long, P/D

4/25/98 (954) 746-2826

CR2E034 (10/97)