


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

FILED  
May 07, 1999 8:00 am  
Secretary of State

05-07-1999 90033 047 \*\*\*158.75



PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P97000025498**

1. Corporation Name  
**LONG PHLEBOTOMY INC.**

Principal Place of Business <b>2455 E SUNRISE BLVD C/O CCG STE 502 FT LAUDERDALE FL 33304 US</b>	Mailing Address <b>2455 E SUNRISE BLVD STE 502 C/O CCG FT LAUDERDALE FL 33304 US</b>
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2. Principal Place of Business 21 <b>8195 Southgate Blvd</b> Suite, Apt. #, etc. 22 City & State 23 <b>N. Lauderdale, FL</b> Zip 24 <b>33068</b> 25 <b>USA</b>	2a. Mailing Address 26 <b>8195 Southgate Blvd</b> Suite, Apt. #, etc. 27 City & State 28 <b>N. Lauderdale, Florida</b> Zip 29 <b>33068</b> 30 <b>USA</b>
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9. Name and Address of Current Registered Agent

~~R LESLIE PASTRE, ACT EXG~~  
~~CGG 2455 E SUNRISE BLVD STE 502~~  
~~FT LAUDERDALE FL 33304~~

**RESIGNED 1/99**  
**ALP/A-ELGSS**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
**03/21/1997**

4. FEI Number  
**65-0736175**

5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**

8. This corporation owes the current year Intangible Personal Property Tax. ☐ Yes ☒ No

10. Name and Address of New Registered Agent

81 Name **BRUCE A LONG**

82 Street Address (P.O. Box Number is Not Acceptable)  
**8195 SOUTHGATE BLVD**

83

84 City **N. LAUDERDALE** FL 85 Zip Code **33068**

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 **BRUCE A. LONG** (NOTE: Registered Agent signature required when reinstating) DATE **3/12/99**

12. OFFICERS AND DIRECTORS

TITLE	<b>PD</b>	<input type="checkbox"/> DELETE
NAME	<b>LONG, BRUCE A</b>	
STREET ADDRESS	<b>11129 NW 39TH ST STE 103</b>	
CITY-ST-ZIP	<b>SUNRISE FL 33351</b>	
TITLE	<b>STD</b>	<input type="checkbox"/> DELETE
NAME	<b>ZUKERMAN-LONG, ROBIN</b>	
STREET ADDRESS	<b>11129 NW 39TH ST STE 103</b>	
CITY-ST-ZIP	<b>SUNRISE FL 33351</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<b>PD</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	<b>LONG, BRUCE A</b>	
1.3 STREET ADDRESS	<b>8195 SOUTHGATE BLVD</b>	
1.4 CITY-ST-ZIP	<b>N. LAUDERDALE FL 33068</b>	
2.1 TITLE	<b>STD</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	<b>ZUKERMAN-LONG, ROBIN</b>	
2.3 STREET ADDRESS	<b>8195 SOUTHGATE BLVD</b>	
2.4 CITY-ST-ZIP	<b>N. LAUDERDALE FL 33068</b>	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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, with all other like empowered.

SIGNATURE: **BRUCE A. LONG** (Signature and typed or printed name of signing officer or director) Date **3/12/99** Daytime Phone # **(954) 956-9950**

0282054

CR2E034 (11/98)