

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 28, 1999 8:00 am
Secretary of State

04-28-1999 90038 019 ***150.00

DOCUMENT # P97000093437

1. Corporation Name
RRC-ASAP PHLEBOTOMY, INC.

Principal Place of Business

4230 N.W. 21ST STREET
SUITE 235
LAUDERHILL FL 33313

Mailing Address

4230 N.W. 21ST STREET
SUITE 235
LAUDERHILL FL 33313

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/30/1997

4. FEI Number

65-0790922

Applied For

Not Applicable

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

2. Principal Place of Business

21 4743 NW 9th DRIVE
Suite, Apt. #, etc.

22 BLDG. L

City & State

23 PLANTATION, FL. 33317

Zip Country

24 33317

25 BROWARD

2a. Mailing Address

26 SAME

Suite, Apt. #, etc.

27

City & State

28

Zip

29

Country

30

9. Name and Address of Current Registered Agent

POPE, RAMONA
4230 N.W. 21ST STREET
SUITE 235
LAUDERHILL FL 33313

10. Name and Address of New Registered Agent

81 Name

RETHA DEVONE

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

4743 N W 9th DRIVE

83

BLDG. L

84 City

PLANTATION

FL

85 Zip Code

33317

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: *Retha Devone*

4-07-99

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D ☒ DELETE
NAME POPE, RAMONA
STREET ADDRESS: 4230 N.W. 21ST STREET
CITY-ST-ZIP: LAUDERHILL FL 33313

TITLE D ☐ DELETE
NAME DEVONE, RETHA
STREET ADDRESS: 1500 N.W. 47TH AVENUE
CITY-ST-ZIP: FT LAUDERDALE FL 33313

TITLE ☐ DELETE
NAME
STREET ADDRESS:
CITY-ST-ZIP:

TITLE ☐ DELETE
NAME
STREET ADDRESS:
CITY-ST-ZIP:

TITLE ☐ DELETE
NAME
STREET ADDRESS:
CITY-ST-ZIP:

TITLE ☐ DELETE
NAME
STREET ADDRESS:
CITY-ST-ZIP:

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

☐ Change ☐ Addition

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

RETHA DEVONE DP

4743 NW 9th DRIVE

BLDG. L

PLANTATION, FL. 33317

☒ Change ☐ Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

☐ Change ☐ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

☐ Change ☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

☐ Change ☐ Addition

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, with all other like empowered.

SIGNATURE: *Retha Devone* RETHA DEVONE

4-07-99

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (1/98)