

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 13, 2002 8:00 am**  
**Secretary of State**

05-13-2002 90053 034 \*\*\*150.00

**DOCUMENT # P97000093437**

1. Entity Name

**RRC-ASAP PHLEBOTOMY, INC.**

Principal Place of Business

**4026 INVERRARY BLVD  
 1802  
 LAUDERHILL FL 33319**

Mailing Address

**4026 INVERRARY BLVD  
 1802  
 LAUDERHILL FL 33319**

2. Principal Place of Business

**2916 N.W. 60th Terr.**

3. Mailing Address

**2916 N.W. 60th Terr.**

Suite/Apt. #, etc.

**533**

Suite/Apt. #, etc.

**533**

City & State

**Surprise FL**

City & State

**Surprise FL**

Zip

**33313**

Country

**Broward**

Zip

**33313**

Country

**Broward**

6. Name and Address of Current Registered Agent

**DEVONE, RETHA**

**654 SIESTA KEY CIRCLE #2615  
 DEERFIELD BEACH FL 33441**

7. Name and Address of New Registered Agent

Name

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

City

**FL**

Zip Code

8. 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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

**FILE NOW!!! FEE IS \$150.00  
 After May 1, 2002 Fee will be \$550.00  
 Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution. ☐

**\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE **DP** ☒ Delete  
 NAME **DEVONE, RETHA**  
 STREET ADDRESS **654 SEISTA KEY CIRCLE #2615**  
 CITY-ST-ZIP **DEERFIELD BEACH FL 33441**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
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TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition  
 NAME **Devone Retha**  
 STREET ADDRESS **2916 N.W. 60th Terr. #533**  
 CITY-ST-ZIP **Surprise, FL 33313**

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

CR2E034 (9/01)

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE: **Retha Devone Retha Devone** 4/23/02 954-717-8510  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #