

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
May 05, 1999 8:00 am
Secretary of State

05-05-1999 90008 023 ***150.00

DOCUMENT # P98000017321

1. Corporation Name
PHLEBOTOMY SERVICES, INC.

Principal Place of Business
10849 GLENEAGLES RD.
BOYNTON BCH FL 33436

Mailing Address
10849 GLENEAGLES RD.
BOYNTON BCH FL 33436

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
02/20/1998

4. FEI Number
65-0821514
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

2a. Mailing Address

21 1413 14th Terrace

26 1413 14th Terrace

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

27 City & State

23 Palm Beach Gardens, FL

28 Palm Beach Gardens, FL

24 33418 25 USA

29 33418 30 USA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

DEAN, HENRY
ONE SE OCEAN BLVD., SUITE 210
BOCA RATON FL 33432

81 Name

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

83

84 City

FL

85 Zip Code

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE P
NAME HAYES, JUDITH
STREET ADDRESS 10849 GLENEAGLES RD.
CITY-ST-ZIP BOYNTON BCH FL 33436
☒ DELETE

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

TITLE V
NAME BUCKLEY, DEBORAH L
STREET ADDRESS 1413 14TH TERR.
CITY-ST-ZIP PALM BCH FL 33418
☐ DELETE

2.1 TITLE President
2.2 NAME Deborah L. Buckley
2.3 STREET ADDRESS 1413 14th Terrace
2.4 CITY-ST-ZIP Palm Beach Gardens, FL 33418
☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DELETE

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DELETE

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DELETE

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DELETE

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:

D. BUCKLEY
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Deborah L. Buckley 4/27/99 888-425-1632
President
Date Daytime Phone #

CR2E034 (11/98)