

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 02, 2003 8:00 am
Secretary of State

05-02-2003 90234 022 ***150.00

0392174 AV

DOCUMENT # P98000017321

1. Entity Name
PHLEBOTOMY SERVICES, INC.



Principal Place of Business
**5300-A ELMHURST RD
WEST PALM BEACH FL 33417**

Mailing Address
**5300-A ELMHURST RD
WEST PALM BEACH FL 33417**



2. Principal Place of Business
5350 Elmhurst Rd
Suite, Apt. #, etc.

3. Mailing Address
5350-DElmhurst Rd
Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State
WEST PALM Bch, FL
Zip
33417
Country
U.S.A

City & State
WEST PALM Bch, FL
Zip
33417
Country
U.S.A

4. FEI Number
65-0821514

Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MASON, DEBORAH
5300-A ELMHURST ROAD
WEST PALM BEACH FL 33417

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE **Deborah Mason, DEBORAH MASON**

4/28/03

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MASON, DEBORAH 5300-A ELMHURST RD WEST PALM BEACH FL 33417	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE: **Deborah Mason, DEBORAH MASON**

4/28/03 5614715319

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #

CR2E034 (10/02)