FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 APR 11 PM 9:25

DOCUMENT # S36912 (1)

1. Corporation Name
PHLEBOTOMIST HOME SERVICE, INC.

Principal Place of Business
4801 NW 168TH TERRACE
CAROL CITY FL 33055

Mailing Address
4801 NW 168TH TERRACE
CAROL CITY FL 33055

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 03/05/1991
3a. Date of Last Report: 04/25/1994

2. Principal Place of Business
21 1301 W 68 ST.
Suite, Apt. #, etc.
22 SUITE # E-2
City & State
23 HIALEAH, FL
Zip 24 33014 Country 25 USA

2a. Mailing Address
26 1301 W 68 ST.
Suite, Apt. #, etc.
27 SUITE # E-2
City & State
28 HIALEAH, FL
Zip 29 33014 Country 30 USA

4. FEI Number: 65-0271984 — 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 has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent
CASARIEGO, ANA
4801 NW 168TH TERRACE
CAROL CITY FL 33055

10. Name and Address of New Registered Agent
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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when resigning)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	☐ Change ☐ Addition
NAME	CASARIEGO, ANA	1.2 NAME	
STREET ADDRESS	4801 NW 168 TER.	1.3 STREET ADDRESS	
CITY-ST-ZIP	CAROL CITY FL	1.4 CITY-ST-ZIP	
TITLE	D	2.1 TITLE	☐ Change ☐ Addition
NAME	PEREZ, RAFAEL	2.2 NAME	
STREET ADDRESS	4801 NW 168 TER.	2.3 STREET ADDRESS	
CITY-ST-ZIP	CAROL CITY FL	2.4 CITY-ST-ZIP	
TITLE	V	3.1 TITLE	☐ Change ☐ Addition
NAME	ALVAREZ, BENJAMIN	3.2 NAME	
STREET ADDRESS	3164 W 74 STR	3.3 STREET ADDRESS	
CITY-ST-ZIP	HIALEAH BL	3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 above, or on an attachment with an address.

SIGNATURE: ANA CASARIEGO 4/3/95 Date 305/825-1400 Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL BENEFICIARY

0102145 CP