

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **S36912** (1)

1. Corporation Name

PHLEBOTOMIST HOME SERVICE, INC.

Principal Place of Business

1301 W 68 ST.
SUITE E-2
HIALEAH FL 33014
US

Mailing Address

1301 W 68 STREET
SUITE E-2
HIALEAH FL 33014
US



2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

CASARIEGO, ANA
4801 NW 168TH TERRACE
CAROL CITY FL 33055

3. Date Incorporated or Qualified
03/05/1991

3a. Date of Last Report
04/11/1995

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

10. Name and Address of New Registered Agent

81

Name

ANA CASARIEGO

82

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

6245 W. 12 AVE

83

City

Hialeah FLA-33014

84

State

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 fee, if applicable

ANA CASARIEGO

(If the Registered Agent Signature is not applicable, check this box)

1-20-96

DATE

12. OFFICERS AND DIRECTORS

TITLE

D

☐ DELETE

NAME

CASARIEGO, ANA
4801 NW 168 TER.
CAROL CITY FL

STREET ADDRESS

CITY- ST- ZIP

TITLE

D

☐ DELETE

NAME

PEREZ, RAFAEL
4801 NW 168 TER.
CAROL CITY FL

STREET ADDRESS

CITY- ST- ZIP

TITLE

V

☐ DELETE

NAME

ALVAREZ, BENJAMIN
3164 W 74 STR
HIALEAH BL

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

President

☒ Change

☐ Addition

1.2 NAME

ANA CASARIEGO

1.3 STREET ADDRESS

6245 W. 12 AVE

1.4 CITY- ST- ZIP

HIALEAH, FLA-33012

2.1 TITLE

☐ Change

☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY- ST- ZIP

3.1 TITLE

☐ Change

☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY- ST- ZIP

4.1 TITLE

☐ Change

☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY- ST- ZIP

5.1 TITLE

☐ Change

☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY- ST- ZIP

6.1 TITLE

☐ Change

☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY- ST- ZIP

400001769574
-04/04/96--01066--018
***200.00

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 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-20-96 305 825-1400

DATE DAY PHONE

CR2E034 (12/95)