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Mar 07 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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 33014-4576
US

2. Principal Place of Business

21 Suite, Apt. #, etc

22 City & State

23 Zip Country

24 25

26. Mailing Address

26 Suite, Apt. #, etc

27 City & State

28 Zip Country

29 30

3. Date Incorporated or Qualified

03/05/1991

3a. Date of Last Report

04/04/1996

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 188TH 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

Ann Casariego President

(NOTE: Registered Agent signature required when reinstating)

DATE

3-3-97

12. OFFICERS AND DIRECTORS

TITLE D ☐ DELETE

NAME CASARIEGO, ANA
STREET ADDRESS 6245 W. 12 AVE.
CITY- ST- ZIP HIALEAH FL 33012

TITLE D ☐ DELETE

NAME PEREZ, RAFAEL
STREET ADDRESS 4801 NW 188 TER.
CITY- ST- ZIP CAROL CITY FL

TITLE V ☐ DELETE

NAME ALVAREZ, BENJAMIN
STREET ADDRESS 3164 W 74 STR
CITY- ST- ZIP HIALEAH BL

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 ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY- ST- ZIP

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY- ST- ZIP

D
RAFAEL PEREZ
3164 West 74st
HIALEAH FLA-33012

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

14. I do 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-3-97

Date

305 825-1400

Daytime Phone #

CR2E034 (9/96)