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Jan 17 1997 8:00am  
Secretary of State

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # **729143** (8)  
1. Corporation Name  
**COMMUNITY BLOOD CENTERS OF SOUTH FLORIDA, INC.**



Principal Place of Business Mailing Address  
**1700 N. STATE ROAD 7  
LAUDERHILL FL 33313** **1700 N. STATE ROAD 7  
LAUDERHILL FL 33313-5006**

3. Date Incorporated or Qualified **03/15/1974** 3a. Date of Last Report **04/08/1996**  
4. FEI Number **23-7376740** Applied For  
Not Applicable  
5. Certificate of Status Desired ☒ **\$8.75 Additional  
Fee Required**  
6. Election Campaign Financing ☐ **\$5.00 May Be  
Added to Fees**  
8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business 2a. Mailing Address  
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.  
22 City & State 27 City & State  
23 Zip 28 Zip  
24 Country 25 Country 29 Country 30 Country

9. Name and Address of Current Registered Agent

**ROUAULT, CHARLES L.  
1700 N. STATE ROAD 7  
LAUDERHILL FL 33313**

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 617.0502 and 617.1508, 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 617.0503, 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

TITLE	CD	<input type="checkbox"/> DELETE
NAME	HOLLINGSWORTH, CLARK	
STREET ADDRESS	5554 N. FEDERAL HWY	
CITY-ST-ZIP	FT. LAUDERDALE FL 33308	
TITLE	VCD	<input type="checkbox"/> DELETE
NAME	HOLT, STEPHANIE MD	
STREET ADDRESS	800 MEADOWS ROAD	
CITY-ST-ZIP	BOCA RATON FL 33486	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	VOORHEIS, VICTOR J	
STREET ADDRESS	540 NE 4TH ST	
CITY-ST-ZIP	FT LAUDERDALE FL 33301	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	ROUAULT, CHARLES L MD	
STREET ADDRESS	1700 N. STATE RD. 7	
CITY-ST-ZIP	LAUDERHILL FL 33313	
TITLE	T	<input type="checkbox"/> DELETE
NAME	WILLEY, E. BIRCH	
STREET ADDRESS	1201 E. LAS OLAS BLVD.	
CITY-ST-ZIP	FT. LAUDERDALE FL 33301	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	ANDREOTTI, EUGENE	
STREET ADDRESS	4110 NE 24TH AVENUE	
CITY-ST-ZIP	LIGHTHOUSE POINT FL 33064	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE	CD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE	VCD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE	D, T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	BENTON, EDWARD T.	
6.3 STREET ADDRESS	2800 NE 37 STREET	
6.4 CITY-ST-ZIP	FORT LAUDERDALE, FL 33308	

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 617, 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

Date

Daytime Phone # 0034822

CR2E037 (9/96)