

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# 729143

FILED  
Apr 30, 2002 8:00 AM  
Secretary of State

Entity Name: COMMUNITY BLOOD CENTERS OF SOUTH FLORIDA, INC.

**Current Principal Place of Business:**

1700 N. STATE ROAD 7  
LAUDERHILL, FL 33313

**New Principal Place of Business:**

**Current Mailing Address:**

1700 N. STATE ROAD 7  
LAUDERHILL, FL 33313

**New Mailing Address:**

FEI Number: 23-7376740      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: D      ( ) Delete  
Name: BRYAN, MARK H  
Address: 1700 N. STATE ROAD 7  
City-St-Zip: FORT LAUDERDALE, FL 33313

Title: D      ( ) Delete  
Name: HOLT, STEPHANIE MD  
Address: 800 MEADOWS ROAD  
City-St-Zip: BOCA RATON, FL

Title: SD      ( ) Delete  
Name: VOORHEIS, VICTOR J  
Address: 1700 N. STATE ROAD 7  
City-St-Zip: FORT LAUDERDALE, FL 33313

Title: PD      ( ) Delete  
Name: ROUAULT, CHARLES L MD  
Address: 1700 N. STATE RD. 7  
City-St-Zip: LAUDERHILL, FL 33313

Title: VCD      ( ) Delete  
Name: WILLEY, E. BIRCH  
Address: 1700 N. STATE ROAD 7  
City-St-Zip: FORT LAUDERDALE, FL 33313

Title: CD      ( ) Delete  
Name: BENTON, EDWARD T.  
Address: 2800 NE 37 ST.  
City-St-Zip: FT. LAUDERDALE, FL

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: D      (X) Change ( ) Addition  
Name: VOORHEIS, VICTOR J  
Address: 1700 N. STATE ROAD 7  
City-St-Zip: FORT LAUDERDALE, FL 33313

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CHARLES L. ROUAULT, M.D.

PD

04/30/2002

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date

MARCUS ZBAR, M.D., DIRECTOR  
1700 NORTH STATE ROAD 7  
LAUDERHILL, FL 33313

SHERRY WOODHOUSE, M.D., DIRECTOR  
1700 NORTH STATE ROAD 7  
LAUDERHILL, FL 33313

BEN WILLIAMS, DIRECTOR  
1700 NORTH STATE ROAD 7  
LAUDERHILL, FL

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LAUDERHILL, FL 33313

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1700 NORTH STAT ROAD 7  
LAUDERHILL, FL 33313

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LAUDERHILL, FL 33313

EUGENE ANDREOTTI, DIRECTOR  
1700 NORTH STATE ROAD 7  
LAUDERHILL, FL 33313

LINDA S. QUICK, DIRECTOR/SECRETARY  
1700 NORTH STATE ROAD 7  
LAUDERHILL, FL 33313

RICHARD BEAVER, DIRECTOR/TREASURER  
1700 NORTH STATE ROAD 7  
LAUDERHILL, FL 33313