2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

changed, or on an attachment with et

SIGNATURE

Feb 24, 2004 08:00 AM **DOCUMENT # 729802 Secretary of State** 1. Entity Name LIFESOUTH COMMUNITY BLOOD CENTERS, INC. Principal Place of Business Mailing Address 4039 NEWBERRY ROAD 4039 NEWBERRY ROAD GAINESVILLE FL 32607 GAINESVILLE FL 32607 2. Principal Place of Business 3. Mailing Address Suite, Apt #, etc. Suite, Apt. #, etc. MOORE CR2E037 (11/03) City & State City & State _ . 4. FEI Number Applied For 59-1545914 Not Applicable Zip Country Ζip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent HASWELL, JOHN Street Address (P.O. Box Number is Not Acceptable) 211 NE FIRST ST GAINESVILLE FL 32601 City Zip Code FL 8. 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE DATE Signature, typed or printed name of registored agent and title if applicable (NOTE Registered Agent aignature required when reinstating) FILE NOW: FEE IS \$61.25 9. Election Campaign Financing \$5.00 May 8e Make Check Payable to Trust Fund Contribution. Added to Fees Florida Department of State Due By May 1, 2004 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. CD Delete TITLE Change Addition TITLE BAKER, PHILIP H. NAME 7020 LAKE SHORE DR. U000000064568 STREET ADDRESS STREET ADDRESS. GAINESVILLE FL 02/24/04-80017-017 70.80 CITY-ST-219 CITY-ST-ZIP VCD ☐ Change Addition 33117 ☐ Delete BYRD, REEVES H., JR. NAME NAME 3632 N.W. 52ND AVE. STREET ADDRESS STREET ADDRESS GAINESVILLE FL CRY-SI-ZIP CITY-ST-ZIP Change ☐ Addition TITLE Oelete HIE SHAFER, WILLARD G. NAME MAME 1428 N.W. 47TH TERR. STREET ADDRESS STREET ADDRESS GAINESVILLE FL CITY-ST-ZIP CITY - ST-ZIP TITLE Change Addition ☐ Delete THILE BEVIS, HERBERT A. NAME NAME 3414 N.W. 7TH PLACE STREET ADDRESS STREET ADDRESS GAINESVILLE FL CBY - ST- 7IP CITY-ST-ZIP CEO THE Defete TITLE ☐ Change Addition ECKERT, NANCY NAME 4809 SW 3RD PLACE STREET ADDRESS STREET ADDRESS GAINESVILLE FL CITY-ST-ZIP CITY- ST-ZIP Delete TITLE Change Addition MARKE MAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. Thereby certify that the information supplied with this filling does not quality for the exemption stated in Section 119.07(3)(1). Provide Statutes. I further certify that the information indicated on this report or supplemental 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 trusted empowered to execute this proof as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if

FFB.H 18 2004