

**NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 09, 2002 8:00 am
Secretary of State

05-09-2002 90093 003 ****70.00

DOCUMENT # N00000003030

1. Entity Name
EL BANCO DE SANGRE, INC.

DO NOT WRITE IN THIS SPACE

850991

2. Principal Place of Business
8101 west 26th Street

3. Mailing Address
1700 N. State Road 7

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
Hialeah, FL

City & State
Lauderhill, FL

4. FEI Number

Applied For

Not Applicable

Zip
33016

Country
USA

Zip
33313

Country
USA

5. Certificate of Status Desired \$8.75 Additional Fee Required

7. Name and Address of Current Registered Agent

Name
Charles L. Rouault, M.D.

Street Address (P.O. Box Number is Not Acceptable)
1700 North State Road 7

City
Lauderhill

FL

Zip Code
33313

**DO NOT WRITE
IN THIS SPACE**

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FEE IS \$61.25
Initial or Amended UBR

9. Election Campaign Financing
Trust Fund Contribution.

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCD Charles L. Rouault, M.D. 1700 North State Road 7 Lauderhill, FL 33313
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD Juan Kouri 8101 West 26th Street Hialeah, FL 33016
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD Steven Erjavec 1700 North State Road 7 Lauderhill, FL 33313
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12. I 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 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 trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or on an attachment with an address, with all other like empowered.

SIGNATURE

Steven Erjavec

STEVEN ERJAVEC

4/30/01

954-777-2550

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037B (12/01)