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NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # N50067

1. Corporation Name
 FLORIDA BLOOD SERVICES, INC.

Principal Place of Business: 3602 SPECTRUM BLVD. TAMPA FL 33612 US
 Mailing Address: P.O. BOX 2125 TAMPA FL 33601-2125 US



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		07/27/1992	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		59-3145469	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>	
23		28		\$8.75 Additional Fee Required	
Zip	Country	Zip	Country	6. Election Campaign Financing <input type="checkbox"/>	
24		29		Trust Fund Contribution	
25		30		\$5.00 May Be Added to Fees	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
MARQUARDT, EMIL C., JR. 400 CLEVELAND STREET SUITE 800 CLEARWATER FL 34615				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	FL	85

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CD <input type="checkbox"/> DELETE	1.1 TITLE	IPCD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HALE, WILLIAM E	1.2 NAME	
STREET ADDRESS	207 JEFFORDS STREET	1.3 STREET ADDRESS	
CITY-ST-ZIP	CLEARWATER FL	1.4 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	2.1 TITLE	TD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LEONARD, JAMES B	2.2 NAME	STILES, CHRISTOPHER S.
STREET ADDRESS	251 PINE ROAD	2.3 STREET ADDRESS	319 BAFARI BLVD. NE
CITY-ST-ZIP	CLEARWATER FL	2.4 CITY-ST-ZIP	ST. PETERSBURG, FL 33704
TITLE	D <input checked="" type="checkbox"/> DELETE	3.1 TITLE	SD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ALLEN, MARY W	3.2 NAME	ROSENBLUM, BARBARA
STREET ADDRESS	4001 ALABAMA AVENUE NE	3.3 STREET ADDRESS	SEVEN AMBLESIDE DRIVE
CITY-ST-ZIP	ST PETERSBURG FL 33703	3.4 CITY-ST-ZIP	BELLEAIR, FL 34616
TITLE	D <input checked="" type="checkbox"/> DELETE	4.1 TITLE	PD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HAMILTON, JOHN W	4.2 NAME	LEPARC, GERMAN F MD
STREET ADDRESS	175 FIFTH STREET NORTH	4.3 STREET ADDRESS	P.O. BOX 2125
CITY-ST-ZIP	ST PETERSBURG FL 33703	4.4 CITY-ST-ZIP	TAMPA, FL 33601
TITLE	D <input checked="" type="checkbox"/> DELETE	5.1 TITLE	VCD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HARKINS, HAROLD L	5.2 NAME	KEHM, MARTHA L
STREET ADDRESS	2803 WEST BUSCH BLVD SUITE 103	5.3 STREET ADDRESS	CJM PROPERTY SERVICES, INC P.O. BOX 870
CITY-ST-ZIP	TAMPA FL 33618	5.4 CITY-ST-ZIP	ST PETERSBURG, FL. 33731
TITLE	DVC <input type="checkbox"/> DELETE	6.1 TITLE	CD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VALDES, PLANO B	6.2 NAME	
STREET ADDRESS	702 N FRANKLIN STREET	6.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL	6.4 CITY-ST-ZIP	

14. 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 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, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED DATE: 3/9/99

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