


**2005 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT (AR)**

**FILED**  
**Feb 02, 2005 8:00 am**  
**Secretary of State**

02-02-2005 90050 024 \*\*\*\*61.25

**DOCUMENT # N50067**  
1. Entity Name  
**FLORIDA BLOOD SERVICES, INC.**



Principal Place of Business  
**10100 9TH ST N  
SAINT PETERSBURG FL 33716  
US**

Mailing Address  
**P.O. BOX 22500  
ST PETERSBURG FL 33742  
US**

2. Principal Place of Business  
**10100 DR. MARTIN LUTHER KING, JR. ST. N.**


3. Mailing Address  
Suite, Apt. #, etc.

City & State  
**ST. PETERSBURG, FL**

City & State

Zip  
**33716**

Country



1st MOORE CR2E037 (10/04)

4. FEI Number  
**59-3145469**

Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent

**MARQUARDT, EMIL C., JR.  
400 CLEVELAND STREET  
SUITE 800  
CLEARWATER FL 34615**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW: FEE IS \$61.25  
Due By May 1, 2005**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

**Make Check Payable to Florida Department of State**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>C</b> <b>STAGG, LAWRENCE</b> <b>PO BOX 3273</b> <b>TAMPA FL 33601</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>IPC</b> <b>CHRISTOPHER, STILES S</b> <b>319 RAFAEL BLVD, NE</b> <b>ST. PETE FL 33704</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b> <b>DAMSKER, BENJAMIN</b> <b>6735 CROSSWINDS DRIVE N.</b> <b>SAINT PETERSBURG FL 33710</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD</b> <b>LEPARC, GERMAN F MD</b> <b>PO BOX 2125</b> <b>TAMPA FL 33601</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> <b>CUNNINGHAM, LYNN</b> <b>8716 MCADAM PLACE</b> <b>TAMPA FL 33634</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VC</b> <b>HAYDON, ROGERS</b> <b>15500 ROOSEVELT BLVD, STE 303</b> <b>CLEARWATER FL 33760</b> <input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** Donald D. Dainoff, CEO **1/20/05** **(727) 568-5433**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR