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FILED
Apr 14 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Worthington Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N97000005944 (0)
1. Corporation Name
TRANSFUSION MEDICINE SPECIALISTS, INC.



Principal Place of Business PO BOX 2125 TAMPA FL 33601-2125	Mailing Address PO BOX 2125 TAMPA FL 33601-2125
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3. Date Incorporated or Qualified
10/21/1997

4. FEI Number 59-3488972	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
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5. Certificate of Status Desired **\$8.75 Additional Fee Required**

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

7. Is this nonprofit corporation a homeowners association?
 Yes No

8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. Yes No

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25
Zip 29	Country 30

9. Name and Address of Current Registered Agent

**MARQUARDT, EMIL C JR
MACFARLANE FERGUSON & MCMULLEN
625 COURT STREET, 2ND FLOOR
CLEARWATER FL 33758**

10. Name and Address of New Registered Agent

01 Name
02 Street Address (P.O. Box Number is Not Acceptable)
03
04 City FL 05 Zip Code

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	Chairperson <input type="checkbox"/> DELETE	1.1 TITLE	DIRECTOR <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Plano B. Valdes, Ed.D.	1.2 NAME	
STREET ADDRESS	3602 Spectrum Blvd.	1.3 STREET ADDRESS	
CITY-ST-ZIP	Tampa, FL 33612	1.4 CITY-ST-ZIP	
TITLE	Treasurer <input type="checkbox"/> DELETE	2.1 TITLE	DIRECTOR <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Christopher S. Stiles	2.2 NAME	
STREET ADDRESS	319 Rafael Boulevard, NE	2.3 STREET ADDRESS	
CITY-ST-ZIP	St. Petersburg, FL 33704	2.4 CITY-ST-ZIP	
TITLE	President <input type="checkbox"/> DELETE	3.1 TITLE	DIRECTOR <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	German F. Leparc, M.D.	3.2 NAME	
STREET ADDRESS	3606 Spectrum Blvd, Tampa, FL 33612	3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	Vice Chairperson <input type="checkbox"/> DELETE	4.1 TITLE	DIRECTOR <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Martha L. Kehm	4.2 NAME	
STREET ADDRESS	3606 Spectrum Blvd.	4.3 STREET ADDRESS	
CITY-ST-ZIP	Tampa, FL 33612	4.4 CITY-ST-ZIP	
TITLE	Secretary <input type="checkbox"/> DELETE	5.1 TITLE	DIRECTOR <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Barbara Bosenblum	5.2 NAME	
STREET ADDRESS	Seven Ambleside Drive	5.3 STREET ADDRESS	
CITY-ST-ZIP	Belleair, FL 34616	5.4 CITY-ST-ZIP	
TITLE	Immediate Past Chair <input type="checkbox"/> DELETE	6.1 TITLE	DIRECTOR <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	William E. Hale, MD	6.2 NAME	
STREET ADDRESS	207 Jeffords Street	6.3 STREET ADDRESS	
CITY-ST-ZIP	Clearwater, FL 33756	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.

SIGNATURE: *Christopher S. Stiles*

2/13/98

CR2E037 (10/97)