

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 29, 2000 8:00 am
Secretary of State

02-29-2000 90094 036 ****61.25

DOCUMENT # N97000005944

1. Entity Name

TRANSFUSION MEDICINE SPECIALISTS, INC.

Principal Place of Business

Mailing Address

PO BOX 2125
 TAMPA FL 33601-2125

PO BOX 2125
 TAMPA FL 33601-2125

80020015



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

10100 9th STREET N

P.O. Box 22500

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

ST PETERSBURG, FL

City & State

ST PETERSBURG, FL

4. FEI Number

59-3488972

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required

Zip

Country

33716

US

Zip

Country

33742-2500

US

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MARQUARDT, EMIL C JR
MACFARLANE FERGUSON & MCMULLEN
625 COURT STREET, 2ND FLOOR
CLEARWATER FL 33756

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE Delete
 NAME **CD**
 STREET ADDRESS **VALDES, PLANO B ED.D.**
 CITY-ST-ZIP **3602 SPECTRUM BLVD.**
TAMP FL 33612

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **TD**
 STREET ADDRESS **STILES, CHRISTOPHER S**
 CITY-ST-ZIP **319 RAFAEL BLVD., NE**
ST. PETERSBURG FL 33704

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **PD**
 STREET ADDRESS **LEPARC, GERMAN F MD**
 CITY-ST-ZIP **3606 SPECTRUM BLVD.**
TAMPA FL 33612

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **VCD**
 STREET ADDRESS **KEHM, MARTHA L**
 CITY-ST-ZIP **3606 SPECTRUM BLVD.**
TAMPA FL 33612

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **SD**
 STREET ADDRESS **BOSENBLUM, BARBARA**
 CITY-ST-ZIP **SEVEN AMBLESIDE DRIVE**
BELLEAIR FL 34616

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **IPCD**
 STREET ADDRESS **HALE, WILLIAM E MD**
 CITY-ST-ZIP **207 JEFFORDS STREET**
CLEARWATER FL 33756

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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: **SIGNATURE REQUIRED**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/8/00

727.568.5433

Date

Daytime Phone #

**FLORIDA BLOOD SERVICES, INC.
EXECUTIVE COMMITTEE**

1999 -2000

Martha L. Kehm, Board Chair

Plano B. Valdes, Ed.D., Immediate Past Board Chair

Germán F. Leparo, M.D., President

Christopher S. Stiles, Vice Chair

Barbara Rosenblum, Treasurer

Lawrence Stagg, Esq., Secretary

FLORIDA BLOOD SERVICES, INC.
BOARD OF DIRECTORS
1999 - 2000

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Board of Directors
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Board of Directors
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Board of Directors
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Board of Directors
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