

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Feb 04, 2002 8:00 am**  
**Secretary of State**

02-04-2002 90126 017 \*\*\*\*61.25

**DOCUMENT # N97000005944**

1. Entity Name

**TRANSFUSION MEDICINE SPECIALISTS, INC.**

Principal Place of Business

Mailing Address

10100 9TH ST N  
 SAINT PETERSBURG FL 33716

P O BOX 22500  
 ST PETERSBURG FL 33742

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-3488972**

Applied For  
 Not Applicable

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



DO NOT WRITE IN THIS SPACE

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<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>CD</b><br><b>VALDES, PLANO B ED.D.</b><br><b>3602 SPECTRUM BLVD.</b><br><b>TAMP FL 33612</b>            | <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>TD</b><br><b>STILES, CHRISTOPHER S</b><br><b>319 RAFAEL BLVD., NE</b><br><b>ST. PETERSBURG FL 33704</b> | <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>PD</b><br><b>LEPARC, GERMAN F MD</b><br><b>3606 SPECTRUM BLVD.</b><br><b>TAMPA FL 33612</b>             | <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>VCD</b><br><b>KEHM, MARTHA L</b><br><b>3606 SPECTRUM BLVD.</b><br><b>TAMPA FL 33612</b>                 | <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>SD</b><br><b>BOSENBLUM, BARBARA</b><br><b>SEVEN AMBLESIDE DRIVE</b><br><b>BELLEAIR FL 34616</b>         | <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>IPCD</b><br><b>HALE, WILLIAM E MD</b><br><b>207 JEFFORDS STREET</b><br><b>CLEARWATER FL 33756</b>       | <input type="checkbox"/> Delete |

|  |   |
|--|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

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: \_\_\_\_\_

*GERMAN F. LEPARC, MD*  
 Executive Director

1/9/02

727-568-1161

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)