


**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 20, 2004 8:00 am
Secretary of State

01-20-2004 90040 021 ****61.25

DOCUMENT # N97000005944
1. Entity Name
TRANSFUSION MEDICINE SPECIALISTS, INC.



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

Mailing Address
**P O BOX 22500
ST PETERSBURG, FL 33742**



01122004 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3488972

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
MACFARLANE FERGUSON & MCMULLEN
625 COURT STREET, 2ND FLOOR
CLEARWATER, FL 33756**

**DO NOT WRITE
IN THIS SPACE**

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 _____

**Filing Fee is \$61.25
Due by May 1, 2004**

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

10. OFFICERS AND DIRECTORS

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

**DO NOT WRITE
IN THIS SPACE**

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: T. Harry Linn **T. HARRY LINN, DIRECTOR OF FINANCE** Date 1/12/04 (727) 588-1178 Day/Even Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR