

**2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jul 21, 2008 8:00 am**  
**Secretary of State**

07-21-2008 90028 007 \*\*\*\*61.25

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



Principal Place of Business      Mailing Address  
 10100 DR MARTIN LUTHER KING JR STR NORTH      P O BOX 22500  
 SAINT PETERSBURG, FL 33716      ST PETERSBURG, FL 33742

40111581



**DO NOT WRITE IN THIS SPACE**

07142008 No Chg-NP      CR2E037 (4/06)

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

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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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$61.25**  
**Due by September 12, 2008**

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

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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] J HANN LUNA, DIRECTOR OF FINANCE 7/14/08 (727) 568-5433  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #