

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000005944

FILED
Jan 19, 2009
Secretary of State

Entity Name: TRANSFUSION MEDICINE SPECIALISTS, INC.

Current Principal Place of Business:

10100 DR MARTIN LUTHER KING JR STR NORTH
SAINT PETERSBURG, FL 33716

New Principal Place of Business:

Current Mailing Address:

P O BOX 22500
ST PETERSBURG, FL 33742

New Mailing Address:

FEI Number: 59-3488972 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: CD () Delete
Name: VALDES, PLANO B ED.D.
Address: 3602 SPECTRUM BLVD.
City-St-Zip: TAMP, FL 33612

Title: TD () Delete
Name: STILES, CHRISTOPHER S
Address: 319 RAFAEL BLVD., NE
City-St-Zip: ST. PETERSBURG, FL 33704

Title: PD () Delete
Name: LEPARC, GERMAN F MD
Address: 3606 SPECTRUM BLVD.
City-St-Zip: TAMPA, FL 33612

Title: VCD () Delete
Name: KEHM, MARTHA L
Address: 3606 SPECTRUM BLVD.
City-St-Zip: TAMPA, FL 33612

Title: SD () Delete
Name: BOSENBLUM, BARBARA
Address: SEVEN AMBLESIDE DRIVE
City-St-Zip: BELLEAIR, FL 34616

Title: IPCD () Delete
Name: HALE, WILLIAM E MD
Address: 207 JEFFORDS STREET
City-St-Zip: CLEARWATER, FL 33756

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: T HARRY LINN

_____ Electronic Signature of Signing Officer or Director

DIR

01/19/2009

_____ Date