

2009 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

**FILED
Oct 14, 2009
Secretary of State**

DOCUMENT# N97000006652

Entity Name: SARASOTA COMMUNITY BLOOD BANK FOUNDATION, INC.

Current Principal Place of Business:

1760 MOUND STREET
SARASOTA, FL 34236

New Principal Place of Business:

Current Mailing Address:

1760 MOUND STREET
SARASOTA, FL 34236

New Mailing Address:

FEI Number: 65-0823005 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LPS CORPORATE SERVICES, INC
46 NORTH WASHINGTON BLVD.
SUITE 1
SARASOTA, FL 34236 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: MICHAEL SIEGEL

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: VP () Delete
Name: BAILEY, SARA A
Address: 1435 CEDAR LANE
City-St-Zip: SARASOTA, FL 34231

Title: CEO () Delete
Name: MAGENHEIM, MARK
Address: 4571 ROBINHOOD TRAIL
City-St-Zip: SARASOTA, FL 34232

Title: P () Delete
Name: HERRON, WILLIAM D
Address: 5590 BEE RIDGE RD STE 3
City-St-Zip: SARASOTA, FL 34233

Title: T () Delete
Name: STRICKLAND, CAROLINE
Address: 1990 MAIN ST STE 801
City-St-Zip: SARASOTA, FL 34236

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES (X) Change () Addition
Name: BAGLEY, SARA A
Address: 1435 CEDAR LANE
City-St-Zip: SARASOTA, FL 34231

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

Title: PPRE (X) Change () Addition
Name: HERRON, WILLIAM D
Address: 5590 BEE RIDGE RD STE 3
City-St-Zip: SARASOTA, FL 34233

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: MARK MAGENHEIM

CEO

10/14/2009

Electronic Signature of Signing Officer or Director

Date