

# 2008 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT # 729802

1. Entity Name  
LIFESOUTH COMMUNITY BLOOD CENTERS, INC.



Principal Place of Business  
4039 NEWBERRY ROAD  
GAINESVILLE, FL 32607

Mailing Address  
4039 NEWBERRY ROAD  
GAINESVILLE, FL 32607

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



10272008 REIN-NP CRZE099 (1/07) 08

4. FEI Number  
59-1545914

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HASWELL, JOHN H.  
~~726 NE 26TH ST~~  
GAINESVILLE, FL 32601

Name

Street Address (P.O. Box Number is Not Acceptable)

726 NE FIRST STREET

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. I am familiar with, and accept the obligations of registered agent.

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 \$236.25  
After January 1, 2009, Fee will be \$297.50

Make check payable to  
Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE CD ☐ Delete  
NAME BAKER, PHILIP H.  
STREET ADDRESS 7020 LAKE SHORE DR.  
CITY-ST-ZIP GAINESVILLE, FL

TITLE ☐ Change ☐ Addition  
NAME 600137426916  
STREET ADDRESS 10/29/08--01033--003 \*\*245.00  
CITY-ST-ZIP

TITLE VCD ☐ Delete  
NAME BYRD, REEVES H., JR.  
STREET ADDRESS 3632 N.W. 52ND AVE.  
CITY-ST-ZIP GAINESVILLE, FL

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE TD ☐ Delete  
NAME SHAFER, WILLARD G.  
STREET ADDRESS 5000 SW 25TH BLVD APT 2120  
CITY-ST-ZIP GAINESVILLE, FL 32608

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE SD ☐ Delete  
NAME WILLIAMS, ANDREW  
STREET ADDRESS 8979 SW 44TH LANE  
CITY-ST-ZIP GAINESVILLE, FL 32608

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE CEO ☐ Delete  
NAME ECKERT, NANCY  
STREET ADDRESS 4809 SW 3RD PLACE  
CITY-ST-ZIP GAINESVILLE, FL

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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 or without other like empowered.

SIGNATURE: Nancy Eckert, President & CEO  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-27-2008 352-224-1631  
Date Daytime Phone #