# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Apr 29, 2010**
**Secretary of State**

DOCUMENT# 729802

**Entity Name:** LIFESOUTH COMMUNITY BLOOD CENTERS, INC.

**Current Principal Place of Business:**

4039 NEWBERRY ROAD
GAINESVILLE, FL 32607

**New Principal Place of Business:**

**Current Mailing Address:**

4039 NEWBERRY ROAD
GAINESVILLE, FL 32607

**New Mailing Address:**

**FEI Number: 59-1545914** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

HASWELL, JOHN H
726 NE FIRST STREET
GAINESVILLE, FL 32601 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
Name: BAKER, PHILIP H
Address: 7020 LAKE SHORE DR.
City-St-Zip: GAINESVILLE, FL

Title: VCD
Name: BYRD, REEVES H JR
Address: 3632 N.W. 52ND AVE.
City-St-Zip: GAINESVILLE, FL

Title: TD
Name: SHAFER, WILLARD G
Address: 5000 SW 25TH BLVD APT 2120
City-St-Zip: GAINESVILLE, FL 32608

Title: SD
Name: SPITZNAGEL, RONALD J
Address: 3521 NW 35TH PLACE
City-St-Zip: GAINESVILLE, FL 32605

Title: CEO
Name: ECKERT, NANCY
Address: 4809 SW 3RD PLACE
City-St-Zip: GAINESVILLE, FL

Title: CFO
Name: GREBE, PAUL
Address: 1806 NW 22ND TERRACE
City-St-Zip: GAINESVILLE, FL 32605

I hereby 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 all other like empowered.

SIGNATURE: PAUL GREBE CFO 04/29/2010

Electronic Signature of Signing Officer or Director — Date