

2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 729802

FILED
Mar 19, 2020
Secretary of State
2077259877CC

Entity Name: LIFESOUTH COMMUNITY BLOOD CENTERS, INC.

Current Principal Place of Business:

4039 NEWBERRY ROAD
GAINESVILLE, FL 32607

Current Mailing Address:

4039 NEWBERRY ROAD
GAINESVILLE, FL 32607

FEI Number: 59-1545914

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

KINSELL, KIMBERLY E ESQ.
4039 NEWBERRY ROAD
GAINESVILLE, FL 32607 US

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: KIMBERLY E. KINSELL

03/19/2020

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title CD
Name SMITH, ROBERT
Address 4039 NEWBERRY ROAD
City-State-Zip: GAINESVILLE FL 32607

Title VCD
Name BYRD, REEVES HJR
Address 4039 NEWBERRY ROAD
City-State-Zip: GAINESVILLE FL 32607

Title TD
Name KELLY, JAMES
Address 4039 NEWBERRY ROAD
City-State-Zip: GAINESVILLE FL 32607

Title SD
Name SPITZNAGEL, RONALD J
Address 4039 NEWBERRY ROAD
City-State-Zip: GAINESVILLE FL 32607

Title CEO
Name ECKERT, NANCY
Address 4039 NEWBERRY ROAD
City-State-Zip: GAINESVILLE FL 32607

Title CFO
Name GREBE, PAUL
Address 4039 NEWBERRY ROAD
City-State-Zip: GAINESVILLE FL 32607

Title CIO
Name WURZBACH, THOMAS H
Address 4039 NEWBERRY ROAD
City-State-Zip: GAINESVILLE FL 32607

Title GENERAL COUNSEL
Name KINSELL, KIMBERLY E
Address 4039 NEWBERRY ROAD
City-State-Zip: GAINESVILLE FL 32607

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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: KIMBERLY E. KINSELL

GENERAL COUNSEL

03/19/2020

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title VP OF MEDICAL SERVICES
Name LOUGH, CHRISTOPHER DR.
Address 4039 NEWBERRY ROAD
City-State-Zip: GAINESVILLE FL 32607