

**2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 729802

**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:** No**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

04/26/2013

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title CD  
Name BAKER, PHILIP H  
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 GRISSON, GREG  
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

*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

04/26/2013

Electronic Signature of Signing Officer/Director Detail

Date