

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

DOCUMENT# N97000005944

**FILED**  
**Jan 25, 2013**  
**Secretary of State**  
**CC9002481657**

**Entity Name:** TRANSFUSION MEDICINE SPECIALISTS, INC.

**Current Principal Place of Business:**

10100 DR MARTIN LUTHER KING JR STR NORTH  
SAINT PETERSBURG, FL 33716

**Current Mailing Address:**

P O BOX 22500  
ST PETERSBURG, FL 33742

**FEI Number: 59-3488972**

**Certificate of Status Desired: No**

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

MARQUARDT, EMIL CJR  
MACFARLANE FERGUSON & MCMULLEN  
625 COURT STREET, SUITE 200  
CLEARWATER, FL 33756 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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title PD  
Name DODDRIDGE, DONALD D  
Address 10100 DR MARTIN LUTHER KING JR  
ST N  
City-State-Zip: ST PETERSBURG FL 33716

Title C  
Name STILES, CHRISTOPHER S  
Address 319 RAFAEL BLVD., NE  
City-State-Zip: ST. PETERSBURG FL 33704

Title IPC  
Name LEPARC, GERMAN FMD  
Address 10100 DR MARTIN LUTHER KING JR  
ST N  
City-State-Zip: ST PETERSBURG FL 33716

Title TR  
Name LINN, THOMAS H  
Address 10100 DR MARTIN LUTHER KING JR  
ST N  
City-State-Zip: ST PETERSBURG FL 33716

*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: DONALD D DODDRIDGE**

**CEO**

**01/25/2013**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date