

2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000005944

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

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 DODDRIDGE

PRESIDENT

07/31/2014

Electronic Signature of Signing Officer/Director Detail

Date