

**2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N97000005944

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

**Current Principal Place of Business:**

C/O FOLEY & LARDNER LLP  
111 NORTH ORANGE AVENUE SUITE 1800  
ORLANDO, FL 32801

**Current Mailing Address:**

C/O FOLEY & LARDNER LLP  
111 NORTH ORANGE AVENUE SUITE 1800  
ORLANDO, FL 32801 US

**FEI Number:** 59-3488972

**Certificate of Status Desired:** No

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

F & L CORP  
ONE INDEPENDENT DRIVE  
SUITE 1300  
JACKSONVILLE, FL 32202-5017 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 CHAIRMAN/CEO PRESIDENT  
Name SCHOLL, GEORGE  
Address C/O FOLEY & LARDNER LLP  
111 NORTH ORANGE AVENUE SUITE  
1800  
City-State-Zip: ORLANDO FL 32801

Title VP  
Name MURPHY, JOHN  
Address C/O FOLEY & LARDNER LLP  
111 NORTH ORANGE AVENUE SUITE  
1800  
City-State-Zip: ORLANDO FL 32801

Title SECRETARY/TREASURER  
Name GRABLE, MARTIN  
Address C/O FOLEY & LARDNER LLP  
111 NORTH ORANGE AVENUE SUITE  
1800  
City-State-Zip: ORLANDO FL 32801

*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:** GEORGE SCHOLL

**CHAIRMAN/CEO  
PRESIDENT**

**04/13/2023**

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

\_\_\_\_\_  
Date