Electronic Signature of Signing Officer/Director Detail

2018 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

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

Officer/Director Detail :

Title	CEO/PRESIDENT	Title	SECRETARY/TREASURER
Name	SCHOLL, GEORGE	Name	MURPHY, JOHN
Address	C/O FOLEY & LARDNER LLP 111 NORTH ORANGE AVENUE SUITE 1800	Address	C/O FOLEY & LARDNER LLP 111 NORTH ORANGE AVENUE SUITE 1800
City-State-Zip:	ORLANDO FL 32801	City-State-Zip:	ORLANDO FL 32801
Title	DIRECTOR	Title	DIRECTOR
Name	BIEBERBACH, WILLIAM H.	Name	MILLER, JEREMY
Address	C/O FOLEY & LARDNER LLP 111 NORTH ORANGE AVENUE SUITE 1800	Address	C/O FOLEY & LARDNER LLP 111 NORTH ORANGE AVENUE SUITE 1800
City-State-Zip:	ORLANDO FL 32801	City-State-Zip:	ORLANDO FL 32801
Title	DIRECTOR		
Name	WINDHAM, JOHN F		
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

CEO/PRESIDENT

02/07/2018

Date

FILED Feb 07, 2018 Secretary of State CC0078895763

Certificate of Status Desired: No

Date