2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000005944

Entity Name: TRANSFUSION MEDICINE SPECIALISTS, INC.

FILED Apr 24, 2019 **Secretary of State** 4555568229CC

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

Officer/Director Detail:

Title CEO/PRESIDENT Title SECRETARY/TREASURER

Name SCHOLL, GEORGE Name MURPHY, JOHN

C/O FOLEY & LARDNER LLP C/O FOLEY & LARDNER LLP Address Address

111 NORTH ORANGE AVENUE SUITE 111 NORTH ORANGE AVENUE SUITE

ORLANDO FL 32801 City-State-Zip: City-State-Zip: ORLANDO FL 32801

DIRECTOR Title Title DIRECTOR

BIEBERBACH, WILLIAM H. MILLER, JEREMY Name Name

Address C/O FOLEY & LARDNER LLP Address C/O FOLEY & LARDNER LLP 111 NORTH ORANGE AVENUE SUITE

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City-State-Zip: ORLANDO FL 32801 City-State-Zip: ORLANDO FL 32801

Title **DIRECTOR**

Name WINDHAM, JOHN F

C/O FOLEY & LARDNER LLP Address

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.

04/24/2019 SIGNATURE: GEORGE SCHOLL CEO/PRESIDENT

Date