

2020 FLORIDA NOT FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# N97000005944

Entity Name: TRANSFUSION MEDICINE SPECIALISTS, INC.

FILED
Sep 29, 2020
Secretary of State
4031968812CC

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 CEO/PRESIDENT
Name SCHOLL, GEORGE
Address C/O FOLEY & LARDNER LLP
111 NORTH ORANGE AVENUE SUITE
1800
City-State-Zip: ORLANDO FL 32801

Title ASST. SECRETARY/EVP CORP ADMIN
Name MURPHY, JOHN
Address C/O FOLEY & LARDNER LLP
111 NORTH ORANGE AVENUE SUITE
1800
City-State-Zip: ORLANDO FL 32801

Title CHAIRMAN
Name BIEBERBACH, WILLIAM H.
Address C/O FOLEY & LARDNER LLP
111 NORTH ORANGE AVENUE SUITE
1800
City-State-Zip: ORLANDO FL 32801

Title TREASURER
Name MILLER, JEREMY
Address C/O FOLEY & LARDNER LLP
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1800
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Title VC
Name ALEMAN, RALPH
Address C/O FOLEY & LARDNER LLP
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1800
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Title SECRETARY
Name DE LUCCA, MICHAEL
Address C/O FOLEY & LARDNER LLP
111 NORTH ORANGE AVENUE SUITE
1800
City-State-Zip: ORLANDO FL 32801

Title EVP/CHIEF FINANCIAL AND ADMIN
OFFICER
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: JOHN MURPHY

ASST. SECRETARY

09/29/2020

Electronic Signature of Signing Officer/Director Detail

Date