

2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000005944

**FILED
Mar 03, 2020
Secretary of State
6429880617CC**

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

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

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

Title: DIRECTOR
Name: MILLER, JEREMY
Address: C/O FOLEY & LARDNER LLP
111 NORTH ORANGE AVENUE SUITE 1800
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: JOHN MURPHY

TREASURER

03/03/2020

Electronic Signature of Signing Officer/Director Detail

Date