FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT

1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
(Profit & Not-for-Profit Corporations)

APPROVED AND FILED

95 MAY 11 AM 8:01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **661187** **(5)**

1. Corporation Name

INTERSTATE BLOOD BANK OF FLORIDA, INC.

Principal Place of Business	Mailing Address
7790 NW 7TH AVE MIAMI FL 33150	P O BOX 393 MEMPHIS TN 38101 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **03/13/1980**	3a. Date of Last Report: **05/01/1994**
4. FEI Number: **59-2014723**	☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐	**$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐	**$5.00** May Be Added to Fees
8. This corporation has liability for intangible tax under S. 199.032 Florida Statutes ☒ Yes ☐ No	

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / County 25	Zip 29 / County 30

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
ROSENBERG, DONALD S. ONE S.E. THIRD AVE. 2600 AMERIFIRST BLDG. MIAMI FL 33131	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Section 607.325, and 607.1908, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of Section 607.325, Florida Statutes.

SIGNATURE

12. OFFICER/DIRECTOR DATA		13. ADDITIONS, CHANGES TO OFFICER/DIRECTOR DATA	
Title	SD	Title	☐ Change ☐ Addition
Name	RUBERT, JOE	Name	
Street Address	803 MT MORIAH	Street Address	
City-St-Zip	MEMPHIS, TN 00000	City-St-Zip	
Title	T	Title	☐ Change ☐ Addition
Name	MOSS, STEPHEN	Name	
Street Address	150 JACKSON	Street Address	
City-St-Zip	MEMPHIS, TN 00000	City-St-Zip	
Title	PD	Title	☐ Change ☐ Addition
Name	MOSS, LARRY	Name	
Street Address	150 JACKSON	Street Address	
City-St-Zip	MEMPHIS, TN 00000	City-St-Zip	
Title	CD	Title	☐ Change ☐ Addition
Name	MOSS, MORRIS	Name	
Street Address	803 MT MORIAH	Street Address	
City-St-Zip	MEMPHIS, TN 00000	City-St-Zip	
Title	VD	Title	☐ Change ☐ Addition
Name	BERISH, ANDY	Name	
Street Address	150 JACKSON	Street Address	
City-St-Zip	MEMPHIS, TN 00000	City-St-Zip	
Title		Title	☐ Change ☐ Addition
Name		Name	
Street Address		Street Address	
City-St-Zip		City-St-Zip	

14. I do hereby certify that the information supplied with this report is true, accurate and complete. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 above, or on an attachment with an address.

SIGNATURE: Larry Moss, President 5/5/95 (901)525-7462

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0478987 FP