

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
May 21 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **661187** (5)

1. Corporation Name

INTERSTATE BLOOD BANK OF FLORIDA, INC.

Principal Place of Business

**7780 NW 7TH AVE
MIAMI FL 33150**

Mailing Address

**PO BOX 888 3180 OLDGETWELL ROAD
MEMPHIS TN 38118
US**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.		26 3180 OLDGETWELL ROAD		03/13/1980	
22 City & State		27 MEMPHIS, TN.		4. FEI Number	
23 Zip		29 38118		59-2014723	
24 Country		30 U.S.A.		Applied For	
				Not Applicable	
				6. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
				8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**ROSENBERG, DONALD S.
ONE S.E. THIRD AVE.
2800 AMERIFIRST BLDG.
MIAMI FL 33131**

10. Name and Address of New Registered Agent

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 Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	SO	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RUBERT, JOE	1.2 NAME	
STREET ADDRESS	803 MT MORIAH	1.3 STREET ADDRESS	
CITY-ST-ZIP	MEMPHIS, TN 00000	1.4 CITY-ST-ZIP	
TITLE	D	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MOSS, STEPHEN	2.2 NAME	TREASURER/DIRECTOR
STREET ADDRESS	150 JACKSON	2.3 STREET ADDRESS	
CITY-ST-ZIP	MEMPHIS, TN 00000	2.4 CITY-ST-ZIP	
TITLE	PD	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MOSS, LARRY	3.2 NAME	
STREET ADDRESS	150 JACKSON	3.3 STREET ADDRESS	
CITY-ST-ZIP	MEMPHIS, TN 00000	3.4 CITY-ST-ZIP	
TITLE	CD	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MOSS, MORRIS	4.2 NAME	
STREET ADDRESS	803 MT MORIAH	4.3 STREET ADDRESS	
CITY-ST-ZIP	MEMPHIS, TN 00000	4.4 CITY-ST-ZIP	
TITLE	VD	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BERISH, ANDY	5.2 NAME	
STREET ADDRESS	150 JACKSON	5.3 STREET ADDRESS	
CITY-ST-ZIP	MEMPHIS, TN 00000	5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 if changed or on an attachment with an address.

SIGNATURE:

Larry Moss **President LARRY MOSS**

5/11/98 (901)566-2000

CR2E034 (10/97)