

FILE NOW: FILING FEE IS \$61.25

FILED

Feb 04 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
--	---	---

**DOCUMENT # 702714 (7)**

1. Corporation Name  
**INDIAN RIVER BLOOD BANK, INC.**

Principal Place of Business <b>1300 36TH STREET VERO BEACH FL 32960</b>	Mailing Address <b>1300 36TH STREET VERO BEACH FL 32960-4896</b>
--	---



2. Principal Place of Business <b>21</b>	2a. Mailing Address <b>26</b>	4. FEI Number <b>59-0942152</b>	3a. Date of Last Report <b>02/01/1996</b>
Suite, Apt. #, etc. <b>22</b>	Suite, Apt. #, etc. <b>27</b>	5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	Applied For Not Applicable
City & State <b>23</b>	City & State <b>28</b>	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
Zip <b>24</b>	Country <b>25</b>	7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent <b>BLOCK, SAMUEL A. 2127 10TH AVE. VERO BEACH FL 32960</b>	10. Name and Address of New Registered Agent <b>81 Name</b> <b>82 Street Address (P.O. Box Number is Not Acceptable)</b> <b>83</b> <b>84 City</b> <b>FL</b> <b>85 Zip Code</b>
---	--

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE <b>TD</b>	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>NOLTE, MICHELLE</b>		1.2 NAME	
STREET ADDRESS <b>900 ROYAL PALM PL.</b>		1.3 STREET ADDRESS	
CITY-ST-ZIP <b>VERO BEACH FL</b>		1.4 CITY-ST-ZIP	
TITLE <b>PD</b>	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>CHALMERS, DUNCAN</b>		2.2 NAME	
STREET ADDRESS <b>4910 PALEO PINES CIRCLE</b>		2.3 STREET ADDRESS	
CITY-ST-ZIP <b>FT. PIERCE FL</b>		2.4 CITY-ST-ZIP	
TITLE <b>SD</b>	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>ATKINSON, ROBERT</b>		3.2 NAME	
STREET ADDRESS <b>1236 36TH AVE</b>		3.3 STREET ADDRESS	
CITY-ST-ZIP <b>VERO BCH FL</b>		3.4 CITY-ST-ZIP	
TITLE <b>VP</b>	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>ADAMS, PAUL</b>		4.2 NAME	
STREET ADDRESS <b>6481 NORTH OLD DIXIE HWY</b>		4.3 STREET ADDRESS	
CITY-ST-ZIP <b>FT. PIERCE FL</b>		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	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 do 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Sandra B. Mortham* **1/22/97** **561/562-1600**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0020521

CR2E037 (9/96)