

FILE NOW: FILING FEE IS \$61.25

FILED

May 16 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 709402 (2)

1. Corporation Name

PALM BEACH BLOOD BANK, INC.,

Principal Place of Business

933 45TH ST.
P.O. BOX 078618
W. PALM BEACH FL 33407-7618

Mailing Address

933 45TH ST.
P.O. BOX 078618
W. PALM BEACH FL 33407-24133. Date Incorporated or Qualified
08/06/19653a. Date of Last Report
05/01/1996

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

4. FEI Number

59-0877825

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution\$5.00 May Be
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

Yes

No

9. Name and Address of Current Registered Agent

FLYNN, JOHN H.
933-45TH STREET
WEST PALM BEACH FL 33407-7618

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 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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	BRUMBACK, CLARENCE L	
STREET ADDRESS	7405 S. FLAGLER DR	
CITY-ST-ZIP	W. PALM BEACH FL	

TITLE	P	<input type="checkbox"/> DELETE
NAME	FLYNN, JOHN H.	
STREET ADDRESS	824 OCEAN DUNES CIR.	
CITY-ST-ZIP	JUPITER FL	

TITLE	D	<input type="checkbox"/> DELETE
NAME	CORDERO, HUMBERTO	
STREET ADDRESS	17987 FOXBOROUGH LANE	
CITY-ST-ZIP	BOCA RATON FL	

TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	THORNTON, THOMAS L	
STREET ADDRESS	7313 OAKMONT DR	
CITY-ST-ZIP	LAKE WORTH, FL 00000	

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	r/s	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		

2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		

3.1 TITLE	V/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		

4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		

5.1 TITLE	D NIEHAUS, ROBERT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	5960 NE 28TH AVENUE	
5.3 STREET ADDRESS	FT LAUDERDALE, FL 33305	
5.4 CITY-ST-ZIP		

6.1 TITLE	CD JOHANSEN, DOUGLAS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	18270 SE FAIRVIEW CIRCLE	
6.3 STREET ADDRESS	TEQUESTA, FL 3308	
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
JOHN H. FLYNN 4-25-97 561-845-2323

Date

Daytime Phone # 0040388

CR2E037 (9/96)