FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS May 10, 1999 8:00 am Secretary of State 05-10-1999 90128 037 ****70.00

FILED

1999 **DOCUMENT # 709402**

1. Corporation Name

-PALM BEACH BLOOD BANK, INC.

SOUTH FLORIDA BLOOD BANKS, INC.

Principal Place of Business

933 45TH ST. P.O. BOX 078618

W. PALM BEACH FL 33407-7618

2. Principal Place of Business

Mailing Address

933 45TH ST. P.O. BOX 078618

2a. Mailing Address

W. PALM BEACH FL 33407-7618



3. Date Incorporated or Qualifed

21		26			08/06/1965				
Suite, Ap	ot. #, etc.	Suite, Apt. #, etc.		_	4. FEI Number		<u> </u>	lied For	
22		27			59-0877825			Applicable	
- City & St	te City & State				5. Certifcate of Status Desired	\$8.75 Additional Fee Required			
Zip	Country			<u>-</u>	6. Election Campaign Financing		\$5.00 N	May Be	
24	25	'			Trust Fund Contribution		Added to	Fees	
9. Name and Address of Current Registered Agent					10. Name and Address of New I	Registered	Agent		
**			81	Name				Ì	
FLYNN, JOHN H. 933 45TH STREET				82 Street Address (P.O. Box Number is Not Acceptable)					
WEST PALM BEACH FL 33407-7618							85 Zip Co		
			84	City		FL	85 Zip Ci	,,,,	
11 Dureus	nt to the provisions of Sections 617.0502	and 617 1508. Florida Statutes	the above	e-named com	poration submits this statement for the	purpose of	changing its r	egistered	
office o	registered agent or both in the State 0	i Florida. Such change was auti	nonzea ov	the corporation	on's board of directors. I hereby acce	pt the appoir	ntment as regi	stered	
agent.	am familiar with, and accept the obligati	ons of, Section 617.0503, Florid	a Siaiules	•				}	
SIGNATUR	Signature, typed or printed name of registered agent	and title if applicable (NOTE: Re	egistered Ager	t signature require	d when reinstating)	DATE		——	
12. OFFICERS AND DIRECTORS					ADDITIONS/CHANGES TO OF	FICERS AN	D DIRECTOR	S IN 12	
TITLE	TSD	DELETE	1.1 TITLE			<u></u>	Change	Addition	
NAME	BRUMBACK, CLARENCE L		1.2 NAME						
			1.3 STREE	ADDRESS					
STREET ADDRE	W. PALM BEACH FL		1.4 CITY-S						
CITY-ST-ZIP	P PALM BEACH FL	☐ DELETE	2.1 TITLE				☐ Change	Addition	
			2.2 NAME						
NAME	FLYNN, JOHN H.		2.3 STREE	TADDRESS.					
STREET ADDRE			2.4 CITY-5	1					
CITY-ST-ZIP	W. PALM BEACH FL 33407	☐ DELETE	3.1 TITLE				Change	Addition	
TITLE	VD -		3.2 NAME	Į					
NAME	CORDERO, HUMBERTO		3.3 STREE	TADDDECE					
STREET ADDRE	•••		ł.	- 1				_	
CITY-ST-ZIP	W. PALM BEACH FL	☐ DELETE	3.4 CITY S				□ Change	Addition	
TITLE	D	רו סרננים		'			~ •	_	
NAME	ARVIDSON, PHIL		4.2 NAME	* *********					
STREET ADDRE	••••			TADDRESS					
CITY-ST-ZIP	W. PALM BEACH FL 33407	□ DELETE	4.4 CITY- \$ 5.1 TITLE	T-ZIP			[] Change	Addition	
TITLE	D	☐ pereig	5.1 IIILE 5.2 NAME						
NAME	NIEHAUS, ROBERT			TADORESS				l	
STREET ADDRE								ļ	
CITY-ST-ZIP	W. PALM BEACH FL 33407	Cl Delege	5.4 CITY-S 6.1 TITLE	1-419			[] Change	Addition	
TITLE	SD STAN AFRE	S.M.D. DELETE					LJ Orlango		
NAME	SD BENJAMEN BERGE. 933 45th STREET WEST PALM BEAC	-).1.0-	6.2 NAME					Ī	
STREET ADDRE	ss 433 4571 SICEE!	1 5 001/00		TADORESS					
CITY-ST-ZIP	WEST HALM DEAC	n.tl 33401	6.4 CITY-S	T-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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

561-845-2323 Daytime Phone #

CR2E037 (11/98)

South Florida Blood Banks, Inc. Board of Directors

Treasurer/Director Alex Rey 933 45th Street West Palm Beach, FL 33407

Director Theodore Moffett 933 45th Street West Palm Beach, FL 33407

Director Joseph G. Kump, M.D. 933 45th Street West Palm Beach, FL 33407

Director Nick Navarro 933 45th Street West Palm Beach, FL 33407

Director Pascual Otazu 933 45th Street West Palm Beach, FL 33407

Director Laura South 933 45th Street West Palm Beach, FL 33407

Director Michele Eassa 933 45th Street West Palm Beach, FL 33407

Director Mary Capetola 933 45th Street West Palm Beach, FL 33407 709402 53221990128·37