

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 728535 (6)

1. Corporation Name
EDISON REGIONAL BLOOD CENTER, INC.



Principal Place of Business: 3714 EVANS AVENUE FT MYERS FL 33901
Mailing Address: 3714 EVANS AVENUE FT MYERS FL 33901

3. Date Incorporated or Qualified: 12/31/1973
3a. Date of Last Report: 02/06/1995

21	2. Principal Place of Business	2a	2a. Mailing Address	4	4. FEI Number	Applied For
	Suite, Apt. #, etc.		Suite, Apt. #, etc.		59-1511595	Not Applicable
22	22. City & State	27	27. City & State	5	5. Certificate of Status Desired	\$8.75 Additional Fee Required
	Zip		Country		<input checked="" type="checkbox"/> Yes	
23	23. City & State	28	28. City & State	6	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
	Zip		Country		<input type="checkbox"/> No	
24	24. City & State	29	29. City & State	8	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Zip		Country			

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

WILKINS, RONALD G.
4 YORKSHIRE LANE
3714 EVANS AVENUE
FT MYERS FL 33907

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
85	Zip Code

FL

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 _____ DATE _____
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D WILKINS, RONALD G 4 YORKSHIRE LANE FT MYERS FL	1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		1.2 NAME	John T. Butler, M.D.
STREET ADDRESS		1.3 STREET ADDRESS	1206 Shadow Lane
CITY-ST-ZIP		1.4 CITY-ST-ZIP	Ft. Myers, Fl. 33901
TITLE	D SCHULTZ, ROBERT B. MD 3714 EVANS AVE FT MYERS FL	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		2.2 NAME	Ann Wilke
STREET ADDRESS		2.3 STREET ADDRESS	Lee Co. Med. Society
CITY-ST-ZIP		2.4 CITY-ST-ZIP	3805 Fowler St. Ft. Myers, Fl. 33901
TITLE	V DAVIS, CALVIN E 1742 ARDMORE ROAD FORT MYERS FL	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		3.2 NAME	Janith Masteryanni
STREET ADDRESS		3.3 STREET ADDRESS	1506 Kenmore St.
CITY-ST-ZIP		3.4 CITY-ST-ZIP	Port Charlotte, Fl. 33952
TITLE	PD COLEMAN, EDWARD C 1739 GOLFCLUB DR 3 ELRIO N FORT MYERS FL	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	S QUIRK, MILDRED 2449 IVY AVENUE FT MYERS FL	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	T COUSINO, RUTH 3386 CLEVELAND AVE. FT MYERS FL	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 is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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, unchanged, or on an attachment with an address.

SIGNATURE: *[Signature]* EXECUTIVE DIRECTOR 1/25/96 (94) 936-8751
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)