

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 729143

FILED
Jan 09, 2004
Secretary of State**Entity Name:** COMMUNITY BLOOD CENTERS OF SOUTH FLORIDA, INC.**Current Principal Place of Business:**1700 N. STATE ROAD 7
LAUDERHILL, FL 33313**New Principal Place of Business:****Current Mailing Address:**1700 N. STATE ROAD 7
LAUDERHILL, FL 33313**New Mailing Address:****FEI Number:** 23-7376740 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired (X)****Name and Address of Current Registered Agent:**ROUAULT, CHARLES L.
1700 N. STATE ROAD 7
LAUDERHILL, FL 33313 US**Name and Address of New Registered Agent:**

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:**Title:** D () Delete
Name: BRYAN, MARK H
Address: 1700 N. STATE ROAD 7
City-St-Zip: FORT LAUDERDALE, FL 33313**Title:** D () Delete
Name: HOLT, STEPHANIE MD
Address: 800 MEADOWS ROAD
City-St-Zip: BOCA RATON, FL**Title:** CD () Delete
Name: FISCHLER, ABRAHAM
Address: 1700 N. STATE ROAD 7
City-St-Zip: FORT LAUDERDALE, FL 33313**Title:** PD () Delete
Name: ROUAULT, CHARLES L MD
Address: 1700 N. STATE RD. 7
City-St-Zip: LAUDERHILL, FL 33313**Title:** D () Delete
Name: WILLEY, E. BIRCH
Address: 1700 N. STATE ROAD 7
City-St-Zip: FORT LAUDERDALE, FL 33313**Title:** D () Delete
Name: BENTON, EDWARD T.
Address: 2800 NE 37 ST.
City-St-Zip: FT. LAUDERDALE, FL**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:****Title:** () Change () Addition
Name:
Address:
City-St-Zip:**Title:** () Change () Addition
Name:
Address:
City-St-Zip:**Title:** () Change () Addition
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City-St-Zip:**Title:** () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CHARLES ROUAULT M.D.

PD

01/09/2004

Electronic Signature of Signing Officer or Director

Date