

2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# 729143

FILED
Apr 25, 2003
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: D () Delete
Name: VOORHEIS, VICTOR J
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: VCD () Delete
Name: WILLEY, E. BIRCH
Address: 1700 N. STATE ROAD 7
City-St-Zip: FORT LAUDERDALE, FL 33313

Title: CD () 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: CD (X) Change () Addition
Name: FISCHLER, ABRAHAM
Address: 1700 N. STATE ROAD 7
City-St-Zip: FORT LAUDERDALE, FL 33313

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: WILLEY, E. BIRCH
Address: 1700 N. STATE ROAD 7
City-St-Zip: FORT LAUDERDALE, FL 33313

Title: D (X) Change () Addition
Name: BENTON, EDWARD T.
Address: 2800 NE 37 ST.
City-St-Zip: FT. LAUDERDALE, FL

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 L. ROUAULT, M.D.

PD

04/25/2003

Electronic Signature of Signing Officer or Director

Date

MARCUS ZBAR, M.D., DIRECTOR
1700 NORTH STATE ROAD 7
LAUDERHILL, FL 33313

BEN WILLIAMS, DIRECTOR
1700 NORTH STATE ROAD 7
LAUDERHILL, FL 33313

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1700 NORTH STATE ROAD 7
LAUDERHILL, FL 33313

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1700 NORTH STATE ROAD 7
LAUDERHILL, FL 33313

RICHARD BEAVER, DIRECTOR/VICE CHAIR
1700 NORTH STATE ROAD 7
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