## 729802

•			
(Requestor's Name)			
(Address)			
( talloss)			
(Address)			
(City/State/Zip/Phone #)			
PICK-UP WAIT MAIL			
(Business Entity Name)			
(Document Number)			
,			
Certified Copies Certificates of Status			
Special Instructions to Filing Officer:			





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SECRETARY OF STATE
SECRETARY OF STATE

R.A. Charge a. Charge AUG 2 0 2008

## **COVER LETTER**

TO:	Amendment Section Division of Corporations				
	•				
SUBJE	SUBJECT: LifeSouth Community Blood Centers, Inc.				
	(Name of Corporati	ion)			
DOCU	MENT NUMBER: 729802				
The en	closed Statement of Change of Registered Office/Agent	and fee are submitted for filing.			
Please	return all correspondence concerning this matter to the	following:			
Kimberly E. Kinsell					
(Name of Contact Person)					
LifeCouth Community Blood Contains Inc.					
LifeSouth Community Blood Centers, Inc. (Firm/Company)					
4039 Newberry Road					
(Address)					
Gainesville, Florida 32607					
(City/State and Zip Code)					
For fur	ther information concerning this matter, please call:				
Kin	nberly E. Kinsell at (  (Name of Contact Person) (	352 ) 224–1660 Area Code & Daytime Telephone Number)			
Enclosed is a \$35.00 check made payable to the Department of State.					
	Mailing Address: Amendment Section	Street Address: Amendment Section			
	Division of Corporations	Division of Corporations			
	P.O. Box 6327	Clifton Building			
	Tallahassee, FL 32314	2661 Executive Center Circle Tallahassee, FL 32301			

## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

statement of cha	provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this ange is submitted for a corporation organized under the laws of the State of Florida er to change its registered office or registered agent, or both, in the State of Florida.		
1. The name of	the corporation: LifeSouth Community Blood Centers, Inc.		
	office address: 4039 Newberry Road		
Gainesville,	, Florida 32607		
3. The mailing a	address (if different):		
4. Date of incorp	poration/qualification: May 30, 1974 Document number: 729802		
	d street address of the current registered agent and registered office on file with the rtment of State:		
	John H. Haswell		
	211 NE 1st Street		
	Gainesville, Florida 32601		
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):			
	John H. Haswell		
	726 NE 1st Street		
	(P.O. Box NOT acceptable)		
	Gainesville, Florida 32601		
The street address changed will	ress of its registered office and the street address of the business office of its registered agent, I be identical.		
Such change wanthorized by t	as authorized by resolution duly adopted by its board of directors or by an officer so be be board, or the corporation has been notified in writing of the change.		
(Signat	Lip A. Babe Philip Baker-Chairman of the	<u>e</u>	
I further agree of my duties, ar document is be	t the appointment as registered agent and agree to act in this capacity. to comply with the provisions of all statutes relative to the proper and complete performance nd I am familiar with and accept the obligation of my position as registered agent. Or, if this ing filed merely to reflect a change in the registered office address, I hereby confirm that the is been patified in writing of this change.		
(Si	ignative of Registered Agent)  Current 6 ZOUS  (Date)		
If signing on-be	ehalf of an entity:		
	(Typed or Printed Name)		

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CR2E045 (8/05)

\* \* \* FILING FEE: \$35.00 \* \* \*