2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 21, 2011
Secretary of State

DOCUMENT# 729802

Entity Name: LIFESOUTH COMMUNITY BLOOD CENTERS, INC.

Current Principal Place of Business:

4039 NEWBERRY ROAD
GAINESVILLE, FL 32607

New Principal Place of Business:

Current Mailing Address:

4039 NEWBERRY ROAD
GAINESVILLE, FL 32607

New Mailing Address:

FEI Number: 59-1545914 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

HASWELL, JOHN H
726 NE FIRST STREET
GAINESVILLE, FL 32601 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: CD
Name: BAKER, PHILIP H
Address: 4039 NEWBERRY ROAD
City-St-Zip: GAINESVILLE, FL 32607 US

Title: VCD
Name: BYRD, REEVES H JR
Address: 4039 NEWBERRY ROAD
City-St-Zip: GAINESVILLE, FL 32607 US

Title: TD
Name: SHAFER, WILLARD G
Address: 4039 NEWBERRY ROAD
City-St-Zip: GAINESVILLE, FL 32607 US

Title: SD
Name: SPITZNAGEL, RONALD J
Address: 4039 NEWBERRY ROAD
City-St-Zip: GAINESVILLE, FL 32607 US

Title: CEO
Name: ECKERT, NANCY
Address: 4039 NEWBERRY ROAD
City-St-Zip: GAINESVILLE, FL 32607 US

Title: CFO
Name: GREBE, PAUL
Address: 4039 NEWBERRY ROAD
City-St-Zip: GAINESVILLE, FL 32607 US

I hereby 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 all other like empowered.

SIGNATURE: PAUL GREBE CFO 03/21/2011

Electronic Signature of Signing Officer or Director Date