

729802

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

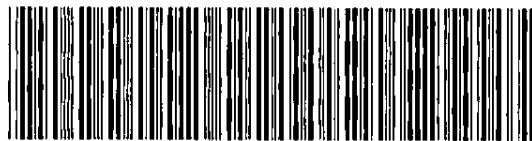
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



500443409205

01/29/25--01030--010 ***.00

2025 JAN 29 PM 5:51

FILED

LIFESOUTH
Community Blood Centers

Corporate

4039
Gainesville, FL 352

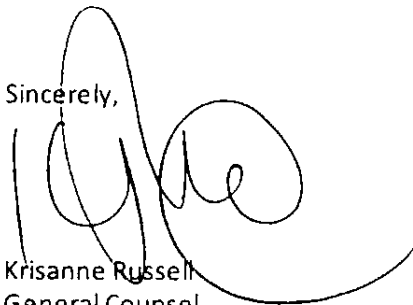
January 3, 2025

Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

To whom it may concern,

Please find enclosed check #562079 in the amount of \$35.00 for the Statement of Change of Registered Agent for a Corporation filing fee. If you have any questions, please feel free to contact me at the phone number or email listed below.

Sincerely,



Krisanne Russell
General Counsel
klrussel@lifesouth.org
Tel: 352-224-1636

Enclosure



**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT
FOR CORPORATIONS**

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, I hereby submit this statement of change for a corporation organized under the laws of the State of FLORIDA in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: LifeSouth Community Blood Center
2. The principal office address: 4039 Newberry Rd., Gainesville, FL 32607
3. The mailing address (if different): _____
4. Date of incorporation/qualification: May 30, 1974 Document number: 729802
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

Kimberly E. Kinsell
4039 Newberry Rd., Gainesville, FL
32607

6. The name and street address of the new registered agent (if changed) and/or registered office (if changed):

Krisanne L. Russell
office address has NOT changed
P.O. Box NOT acceptable

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

Daniel R. Galasso
Signature of an officer or director

Daniel R. Galasso, Chief Financial Officer
Printed or typed name and title

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.

[Signature]
Signature of Registered Agent

12/18/2024
Date

If signing on behalf of an entity:

KRISANNE RUSSELL
Typed or Printed Name

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

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CR2E045 (04/13)

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Life South Community Blood Centers, Inc.
Name of Corporation

DOCUMENT NUMBER: 729802

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Daniel R. Galasso
Name of Contact Person
Life South Community Blood Centers, Inc.
Firm/Company
4039 Newberry Road
Address
Gainesville, FL 32607
City/State and Zip Code
drgalasso@lifesouth.org
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Daniel R. Galasso at (352) 224-1749
Name of Contact Person Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State.

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

LIFESOUTH
Community Blood Centers

Corporate Headquarters

4039 Newberry Road
Gainesville, Florida 32607
352-224-1600

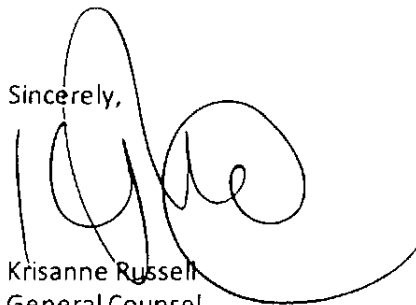
January 3, 2025

Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

To whom it may concern,

Please find enclosed check #562079 in the amount of \$35.00 for the Statement of Change of Registered Agent for a Corporation filing fee. If you have any questions, please feel free to contact me at the phone number or email listed below.

Sincerely,



Krisanne Russell
General Counsel
klrussel@lifesouth.org
Tel: 352-224-1636

Enclosure



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

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of FLORIDA in order 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.
2. The principal office address: 4039 Newberry Rd., Gainesville, FL 32607
3. The mailing address (if different): _____
4. Date of incorporation/qualification: May 30, 1974 Document number: 729802
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

Kimberly E. Kinsell
4039 Newberry Rd., Gainesville, FL
32607

6. The name and street address of the new registered agent (if changed) and/or registered office (if changed):

Krisanne L. Russell
office address has NOT changed
P.O. Box NOT acceptable

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

Daniel R. Galasso
Signature of an officer or director

Daniel R. Galasso, Chief Financial Officer
Printed or typed name and title

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.

[Signature]
Signature of Registered Agent

12/18/2024
Date

If signing on behalf of an entity:

KRISANNE RUSSELL
Typed or Printed Name

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

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CR2E045 (04/13)

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Life South Community Blood Centers, Inc.
Name of Corporation

DOCUMENT NUMBER: 729802

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Daniel R. Galasso
Name of Contact Person
Life South Community Blood Centers, Inc.
Firm/Company
4039 Newberry Road
Address
Gainesville, FL 32607
City/State and Zip Code
drgalasso@lifesouth.org
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Daniel R. Galasso at (352) 224-1749
Name of Contact Person Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State.

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303