

# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 751255

FILED  
Apr 11, 2011  
Secretary of State

**Entity Name:** FLORIDA BLOOD SERVICES FOUNDATION, INC.

**Current Principal Place of Business:**

10100 DR MARTIN L KING ST N  
SAINT PETERSBURG, FL 337163806

**New Principal Place of Business:**

10100 DR MARTIN L KING JR ST N  
SAINT PETERSBURG, FL 337163806 US

**Current Mailing Address:**

10100 DR MARTIN L KING ST N  
SAINT PETERSBURG, FL 337163806

**New Mailing Address:**

10100 DR MARTIN L KING JR ST N  
SAINT PETERSBURG, FL 337163806 US

**FEI Number:** 59-2216675

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

HAEDIKE, ARTHUR H JR  
3205 SEAWAY DRIVE  
NEW PORT RICHEY, FL 34652 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: TPCH  
Name: GULBIS, VITAUTS M  
Address: 1200 MONTICELLO BLVD N  
City-St-Zip: SAINT PETERSBURG, FL 33703 US

Title: TTS  
Name: SULLIVAN, LEROY  
Address: 12304 WYCLIFF PLACE  
City-St-Zip: TAMPA, FL 33626 US

Title: TCH  
Name: WILLIAMS, DAVID  
Address: 8605 LARGO LAKES DRIVE  
City-St-Zip: LARGO, FL 33773 US

Title: T2VC  
Name: BABKA, ROBIN  
Address: 101 PALMETTO ROAD  
City-St-Zip: BELLEAIR, FL 33756 US

Title: T  
Name: HAEDIKE, ARTHUR H JR  
Address: 3205 SEAWAY DRIVE  
City-St-Zip: NEW PORT RICHEY, FL 34652 US

Title: T1VC  
Name: HEIL, CYNTHIA  
Address: 835 NORMANDY TRACE ROAD  
City-St-Zip: TAMPA, FL 33602 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: ARTHUR H. HAEDIKE, JR

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04/11/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date