

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

0145708 AB

DOCUMENT # F00000001313

1. Entity Name
TOTAL BLOOD MANAGEMENT, INC.



FILED

03 NOV 24 AM 10:26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
1438 DEFENSE HWY
SUITE LL
GAMBRILLS MD 21054

Mailing Address
1438 DEFENSE HWY
SUITE LL
GAMBRILLS MD 21054

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

REINSTATEMENT 03
CHECK HERE IF MAKING CHANGE

4. FEI Number 94-3193652

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its principal place of business, its mailing address, its officers or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

Stacy M. Rosenthal
Vice President and
Assistant Secretary

11/10/2003

FILE NOW!!! FEE IS \$550.00

After September 10, 2003 Fee will be \$750.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME PCD
REED, C. WILLIAM
STREET ADDRESS 1438 DEFENSE HWY
CITY-ST-ZIP GAMBRILLS MD 21054 ☐ Delete

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS 000023970320
CITY-ST-ZIP 10/21/03--01063--007 **750.00

TITLE NAME VD
FULLET, CHARLES R
STREET ADDRESS 108 CAMELOT CIRCLE
CITY-ST-ZIP PANAMA CITY FL 32405 ☐ Delete

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
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TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify 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 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 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10/08/03 4104516003

CR2E034 (4/03)