

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 19, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # F01000001403**

1. Entity Name  
**BIO-BLOOD COMPONENTS, INC.**



Principal Place of Business  
**7790 NORTH WEST 7TH AVENUE  
MIAMI, FL 33150**

Mailing Address  
**3180 OLD GETWELL RD  
MEMPHIS, TN 38118**



01052004 No Chg-P CR2E034 (10/03)

4. FEI Number  
**35-1440999**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional  
Fee Required**

**DO NOT WRITE IN THIS SPACE**

**6. Name and Address of Current Registered Agent**

**RUBERT, JOSEPH  
10205 COLLINS AVE., APT 1201  
BAL HARBOUR, FL 33154**

**DO NOT WRITE  
IN THIS SPACE**

8. 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. 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 \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**000000120199  
04/19/04-80124-013 150.00**

**10. OFFICERS AND DIRECTORS**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**PCD  
MOSS, LARRY  
3180 OLD GETWELL RD.  
MEMPHIS, TN 38118**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**SD  
RUBERT, JOSEPH  
803 MT. MORIAH RD.  
MEMPHIS, TN 38117**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**VTD  
MOSS, STEPHEN  
3180 OLD GETWELL ROAD  
MEMPHIS, TN 38118**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Larry Moss, PRESIDENT**

**3/31/04 (901)566-2000**

Date

Daytime Phone #