


**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 18, 2005 8:00 am
Secretary of State

04-18-2005 90302 025 ****70.00

DOCUMENT # F03000004865 1. Entity Name RTI DONOR SERVICES, INC.	
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Principal Place of Business 15 EAST NORTH STREET DOVER, DE 19901	Mailing Address P.O. BOX 2650 ALACHUA, FL 32616-2650
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40060862



04072005 No Chg-NP CR2E037 (10/03)

4. FEI Number 59-3702014	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent UNITED CORPORATE SERVICES, INC. 9200 S. DADELAND BLVD., SUITE 508 MIAMI, FL 33156
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**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

**Filing Fee is \$61.25
Due by May 1, 2005**


9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PCD HUTCHISON, BRIAN K P.O. BOX 2650 ALACHUA, FL 326162650
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD ROSE, ROGER W P.O. BOX 2650 ALACHUA, FL 326162650
TITLE NAME STREET ADDRESS CITY - ST - ZIP	STD ROSE, THOMAS F P.O. BOX 2650 ALACHUA, FL 326162650
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)(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 617, 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:

 **Thomas F. Rose, CFO.**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/6/05 (386) 418-9888
Date Daytime Phone #