2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 12, 2009
Secretary of State

DOCUMENT# F07000001601

Entity Name: BLOOD SYSTEMS, INC.

Current Principal Place of Business:

6210 E OAK ST
SCOTTSDALE, AZ 85257

New Principal Place of Business:

Current Mailing Address:

6210 E OAK ST
SCOTTSDALE, AZ 85257

New Mailing Address:

FEI Number: 86-0098929 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

NRAI SERVICES, INC.
2731 EXECUTIVE PARK DR., STE 4
WESTON, FL 33331 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:	V	( ) Delete
Name:	NELSON, SCOTT M	
Address:	6210 E OAK ST	
City-St-Zip:	SCOTTSDALE, AZ 85257	
Title:	PCEO	( ) Delete
Name:	CONNOR, J. DANIEL	
Address:	6210 E OAK ST	
City-St-Zip:	SCOTTSDALE, AZ 85257	
Title:	V	( ) Delete
Name:	MCEVOY, PATRICK M	
Address:	6210 E OAK ST	
City-St-Zip:	SCOTTSDALE, AZ 85257	
Title:	V	( ) Delete
Name:	TOMASULO, PETER MD	
Address:	6210 E OAK ST	
City-St-Zip:	SCOTTSDALE, AZ 85257	
Title:	CD	( ) Delete
Name:	SEILER, STEVEN L	
Address:	3930 E RANCHO DRIVE	
City-St-Zip:	PARADISE VALLEY, AZ 85253	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: J. DANIEL CONNOR PCEO 01/12/2009

Electronic Signature of Signing Officer or Director — Date