

FEB 09 2017



FLORIDA DEPARTMENT OF STATE
Division of Corporations

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2017 FEB -3 PM 4:37
TALLAHASSEE, FLORIDA

January 23, 2017

ROBIN FULLER
GULF COAST REGIONAL BLOOD CENTER
1400 LACONCHA LANE
HOUSTON, TX 77054

SUBJECT: GULF COAST REGIONAL BLOOD CENTER
Ref. Number: W17000005970

We have received your document for GULF COAST REGIONAL BLOOD CENTER and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name must contain a word that will clearly indicate that it is a corporation. This word may be: CORPORATION, CORP., INCORPORATED, or INC. Sections 617.0401(1)(a) and 617.1506(1), Florida Statutes, prohibits the use of the word COMPANY or CO. in the name of a non-profit corporation.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Karen A Saly
Regulatory Specialist II

Letter Number: 317A00001361



**Gulf Coast Regional
Blood Center**

January 31, 2017

Karen A. Saly
Regulatory Specialist II
Division of Corporations
Florida Department of State
P.O. Box 6327
Tallahassee, Florida 32314

RE: Letter Number: 317A00001361

Dear Ms. Saly:

Thank you for your letter dated 01/23/2017 regarding our "Not for Profit Corporation Application." Please see the enclosed document which has been corrected by our Chief Financial Officer, Eric Eaton.

Please feel free to contact me or Danielle Peacock at 713-791-7720 if you require further information.

Best regards,

Robin Fuller
Donor Services Manager

/RF

Commit for Life.®

1400 La Concha Lane, Houston, Texas 77054 • 713-790-1200 • 1-888-482-5663 • www.giveblood.org

A Nonprofit Community Blood Center and Member of America's Blood Centers. aABB and the Texas Medical Center.

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Gulf Coast Regional Blood Center

Name of Corporation – must include suffix

Dear Sir or Madam:

The enclosed "Application by Foreign Not for Profit Corporation for Authorization to Conduct its Affairs in Florida", "Certificate of Existence", or "Certificate of Status" and check are submitted to register the above referenced not for profit corporation to conduct its affairs in Florida.

Please return all correspondence concerning this matter to the following:

Robin Fuller

Name of Person

Gulf Coast Regional Blood Center

Firm/Company

1400 LaConcha Lane

Address

Houston, Texas 77054

City/State and Zip Code

rfuller@giveblood.org

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Robin Fuller

Name of Person

at (713)

Area Code

791-6606

Daytime Telephone Number

MAILING ADDRESS:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

STREET/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Enclosed is a check for the following amount:

☐ \$70.00 Filing Fee

☐ \$78.75 Filing Fee &
Certificate of Status

☐ \$78.75 Filing Fee &
Certified Copy

☒ \$87.50 Filing Fee,
Certificate of Status &
Certified Copy

**APPLICATION BY FOREIGN NOT FOR PROFIT CORPORATION FOR AUTHORIZATION TO
CONDUCT ITS AFFAIRS IN FLORIDA**

*IN COMPLIANCE WITH SECTION 617.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO
REGISTER A FOREIGN NOT FOR PROFIT CORPORATION FOR AUTHORIZATION TO CONDUCT ITS AFFAIRS IN
THE STATE OF FLORIDA:*

1. Gulf Coast Regional Blood Center INCORPORATED 4/3/2017
(Name of corporation: must include the word "INCORPORATED" or "CORPORATION" or words or abbreviations of like import in language as will clearly indicate that it is a corporation instead of a natural person or partnership if not so contained in the name at present. "Company" or "Co." may not be used as a corporate suffix by a nonprofit corporation.)

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. Texas 3. 74-1809687
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. November 07, 1974 5. Perpetual
(Date of Incorporation) (Date of duration, if other than perpetual)

6. _____
(Date first conducted affairs in Florida if prior to registration. See sections 617.1501 & 617.1502, F.S. to determine penalty liability.)

7. 1400 LaConcha Lane, Houston, Texas 77054
(Principal office address)

(Current mailing address, if different)

8. Laboratory Testing
(Purpose(s) of corporation authorized in home state or country to be carried out in the state of Florida)

9. Name and street address of Florida registered agent: (P.O. Box **NOT** acceptable)

Name: Registered Agents Inc.

Office Address: 3030 N. Rocky Point Dr. STE 150A

Tampa, Florida 33607
(City) (Zip Code)

10. Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.



(Registered agent's signature)

11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

12. Names and addresses of officers and/or directors

A. DIRECTORS

Chairman: Brian G. Gannon

Address: 1400 LaConcha Lane

Houston, Texas 77054

Vice Chairman: _____

Address: _____

Director: Susan N. Rossmann, M.D., PhD, Chief Medical Officer

Address: 1400 LaConcha Lane

Houston, Texas 77054

Director: Eric Eaton, Chief Financial Officer

Address: 1400 LaConcha Lane

Houston, Texas 77054

B. OFFICERS

President: _____

Address: _____

Vice President: _____

Address: _____

Secretary: _____

Address: _____

Treasurer: _____

Address: _____

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13. Brian Gannon Susan N. Rossmann Eric Eaton

(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14. Brian G. Gannon, Chief Executive Officer; Susan N. Rossmann, M.D., PhD, Chief Medical Officer; Eric Eaton, Chief Financial Officer

(Typed or printed name and capacity of person signing application)

Corporations Section
P.O.Box 13697
Austin, Texas 78711-3697



Rolando B. Pablos
Secretary of State

Office of the Secretary of State

Certificate of Fact

The undersigned, as Secretary of State of Texas, does hereby certify that the document, Articles of Incorporation for Gulf Coast Regional Blood Center (file number 35155401), a Domestic Nonprofit Corporation, was filed in this office on November 07, 1974.

It is further certified that the entity status in Texas is in existence.

In testimony whereof, I have hereunto signed my name officially and caused to be impressed hereon the Seal of State at my office in Austin, Texas on January 17, 2017.



A handwritten signature in black ink, appearing to read "R. Pablos".

Rolando B. Pablos
Secretary of State