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FILED
Feb 17, 1999 8:00 am
Secretary of State

02-17-1999 90038 022 ***150.00

PROFIT CORPORATION
 ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # F98000000877

1. Corporation Name
HEMOCARE PROVIDERS GROUP, INC.

Principal Place of Business
**1111 W. SAN MARNAN DR.
 WATERLOO IA 50704**

Mailing Address
**PO BOX 2817
 WATERLOO IA 50704**



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
02/13/1998

2. Principal Place of Business

2a. Mailing Address

4. FEI Number
42-1468396

Applied For
 Yes
 Not Applicable

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

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

22 City & State

27 City & State

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

23 Zip

Country

28 Zip

Country

8. This corporation owes the current year Intangible Personal Property Tax. Yes No

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**SCHAEFER, JAMES
 3270 SUNTREE BLVD., #205-A
 MELBOURNE FL 32940**

81 Name
 82 Street Address (P.O. Box Number is Not Acceptable)
 83
 84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	P	<input type="checkbox"/> DELETE
NAME	PRIAL, SHELDON	
STREET ADDRESS	3270 SUNTREE BLVD., #205-A	
CITY-ST-ZIP	MELBOURNE FL 32940	
TITLE	V	<input type="checkbox"/> DELETE
NAME	SCHAEFER, JAMES	
STREET ADDRESS	3270 SUNTREE BLVD., #205-A	
CITY-ST-ZIP	MELBOURNE FL 32940	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	WALSH, JAMES E JR	
STREET ADDRESS	10 W. 4TH ST.	
CITY-ST-ZIP	WATERLOO IA 50701	
TITLE	T	<input type="checkbox"/> DELETE
NAME	THOMPSON, LYNDON	
STREET ADDRESS	1111 W. SAN MARNAN DR.	
CITY-ST-ZIP	WATERLOO IA 50701	
TITLE	DC	<input type="checkbox"/> DELETE
NAME	MILLER, VAN G	
STREET ADDRESS	1111 W. SAN MARNAN DR.	
CITY-ST-ZIP	WATERLOO IA 50701	
TITLE	D	<input type="checkbox"/> DELETE
NAME	DEERY, JOHN G JR	
STREET ADDRESS	6823 UNIVERSITY AVE.	
CITY-ST-ZIP	CEDAR FALLS IA 50613	

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]* SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/22/99 319-274-6508
 Date Daytime Phone #

CR2E034 (11798)