

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F98000000877

1. Entity Name  
**HEMOCARE PROVIDERS GROUP, INC.**

**FILED**  
**Mar 21, 2001 8:00 am**  
**Secretary of State**

03-21-2001 90032 044 \*\*\*150.00

**00027457**



DO NOT WRITE IN THIS SPACE

Principal Place of Business 1111 W. SAN MARNAN DR. WATERLOO IA 50704	Mailing Address PO BOX 2817 WATERLOO IA 50704
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address P O BOX 1328 Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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4. FEI Number <b>42-1468396</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent  <b>PRIAL, SHELDON</b> <b>3270 SUNTREE BLVD., #205-A</b> <b>MELBOURNE FL 32940</b>
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7. Name and Address of New Registered Agent Name <b>JAMES E WALSH JR</b> Street Address (P.O. Box Number is Not Acceptable) <b>HEMOCARE PROVIDERS GROUP</b> <b>3270 SUNTREE BLVD STE 103</b> City <b>MELBOURNE</b> FL Zip Code <b>32940</b>
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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.

SIGNATURE DATE **3-16-01**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	<b>FILE NOW!!! FEE IS \$150.00</b> <b>After MAY 1, 2001 Fee will be \$550.00</b> <b>Make Check Payable to Department of State</b>	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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11. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete <b>P</b> <b>PRIAL, SHELDON</b> <b>3270 SUNTREE BLVD #103</b> <b>MELBOURNE FL 32940</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete <b>V</b> <b>SCHAEFER, JAMES</b> <b>1111 W. SAN MARNAN DR</b> <b>WATERLOO IA 50701</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete <b>SD</b> <b>WALSH, JAMES E JR</b> <b>10 W. 4TH ST.</b> <b>WATERLOO IA 50701</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Delete <b>T</b> <b>THOMPSON, LYNDON</b> <b>1111 W. SAN MARNAN DR.</b> <b>WATERLOO IA 50701</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete <b>DC</b> <b>MILLER, VAN G</b> <b>1111 W. SAN MARNAN DR.</b> <b>WATERLOO IA 50701</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete <b>D</b> <b>DEERY, JOHN G JR</b> <b>6823 UNIVERSITY AVE.</b> <b>CEDAR FALLS IA 50613</b>

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: DATE **3-16-01** (3A) **236-7270**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

00027457

CR2E034 (10/00)