

2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L11000003807

FILED
Jan 09, 2012
Secretary of State

Entity Name: BAY AREA BLOOD RECOVERY SYSTEMS, L.L.C.

Current Principal Place of Business:

4714 WEST ALLINE AVENUE
TAMPA, FL 33611

New Principal Place of Business:

Current Mailing Address:

4714 WEST ALLINE AVENUE
TAMPA, FL 33611

New Mailing Address:

FEI Number: 27-4522700

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MEANEY, JULIA H
4714 WEST ALLINE AVENUE
TAMPA, FL 33611 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

MANAGING MEMBERS/MANAGERS:

Title: MGRM
Name: MEANEY, JULIA H
Address: 4714 WEST ALLINE AVENUE
City-St-Zip: TAMPA, FL 33611

I hereby certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: JULIA H. MEANEY

MGRM

01/09/2012

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date