

2004 FOR PROFIT CORPORATION ANNUAL REPORT

5/3/20

FILED
Jun 23, 2004 8:00 am
Secretary of State

05-03-2004 91061 034 ***150.00

DOCUMENT # L64503

1. Entity Name
GRIFOLS AMERICA, INC.



Principal Place of Business
**8880 NW 18TH TERR
MIAMI, FL 33172 US**

Mailing Address
**8880 NW 18TH TERR
MIAMI, FL 33172 US**

66428883



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04302004 Chg-P CR2E034 (10/03)

City & State

City & State

4. FEI Number
65-0209970

Applied For
☐ Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**ANIDO, MARTA
MBA & CO 1001 BRICKELL BAY DR
9TH FLOOR
MIAMI, FL 33131**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when retesting)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**P
GRIFOLS, VICTOR
08150 PARETS DEL VALLES
BARCELONA, SPAIN,**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**P+CEO
Gregory G. Rich
2410 Lillivale Avenue
Los Angeles, CA 90032**

☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**ST
ANIDO, MARTA F.
MBA & CO., 1001 BRICKELL BAY DR
MIAMI, FL 33131**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**ST
Cheryl Lawrence
2410 Lillivale Avenue
Los Angeles, CA 90032**

☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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TITLE
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CITY-ST-ZIP

☐ Change ☐ Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered. *on behalf of Greg Rich, CEO*

SIGNATURE: *Lee A. Pate, Director Finance* *4/30/04* *(305) 593-8366*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

008360

INVOICE DATE	INVOICE AMOUNT	DISCOUNT TAKEN	AMOUNT PAID
04/30/04	150.00		150.00

Attachment
66428883
 L64503

CHECK DATE	CHECK NO.	PAYEE	DISCOUNTS TAKEN	CHECK AMOUNT
04/30/04	00008360	FLORIDA DEPARTMENT OF STATE		150.00

GRIFOLS AMERICA, INC.

 8880 N.W. 18TH TERRACE
 MIAMI, FL 33172 U.S.A.

 WACHOVIA BANK
 OF FLORIDA
 MIAMI, FL
 63-643/670 00853

008360

USD

00008360

April 30, 2004

*****150.00

CHECK NO.

DATE

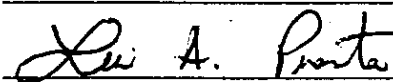
AMOUNT

*** ONE HUNDRED FIFTY USD ***

 PAY
 TO THE
 ORDER
 OF:

 FLORIDA DEPARTMENT OF STATE
 DIVISION OF CORPORATIONS
 PO Box 1500
 TALLAHASSEE FL 32302-1500

MP



MP

AUTHORIZED SIGNATURE

⑈008360⑈ ⑆067006432⑆ 2090001589525⑈

008360

GRIFOLS AMERICA, INC.

REFERENCE NO.	DESCRIPTION	INVOICE DATE	INVOICE AMOUNT	DISCOUNT TAKEN	AMOUNT PAID
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CHECK DATE	CHECK NO.	PAYEE	DISCOUNTS TAKEN	CHECK AMOUNT
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