FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
95 JUL -7 AM 8:54
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # **M20905** **(9)**

1. Corporation Name
PALM BEACH BLOOD SERVICES, INC.

Principal Place of Business	Mailing Address
% JOHN H. FLYNN 933 - 45 STREET WEST PALM BEACH FL 33407-2413	% JOHN H. FLYNN 933 - 45 STREET WEST PALM BEACH FL 33407-2413

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 09/23/1985	3a. Date of Last Report: 05/01/1994
4. FEI Number: 59-0677825	☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☒	$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐	$5.00 May Be Added to Fees
8. *This corporation has liability for intangible tax under S. 199.032, Florida Statutes* ☒ Yes ☐ No	

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
FLYNN, JOHN H. 933 - 45 STREET WEST PALM BEACH FL 33407-0618	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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	1.1 TITLE		☐ Change ☐ Addition
NAME	BRUMBACK, CLARENCE L M.D.	1.2 NAME		
STREET ADDRESS	7405 S. FLAGLER DR.	1.3 STREET ADDRESS		
CITY-ST-ZIP	W PALM BCH FL	1.4 CITY-ST-ZIP		
TITLE	CD	2.1 TITLE		☐ Change ☐ Addition
NAME	JOHANSEN, DOUGLAS G.	2.2 NAME		
STREET ADDRESS	18270 SE FAIRVIEW CIRCLE	2.3 STREET ADDRESS		
CITY-ST-ZIP	TEQUESTA FL	2.4 CITY-ST-ZIP		
TITLE	P	3.1 TITLE		☐ Change ☐ Addition
NAME	FLYNN, JOHN H	3.2 NAME		
STREET ADDRESS	824 OCEAN DUNES CIR	3.3. STREET ADDRESS		
CITY-ST-ZIP	JUPITER FL	3.4 CITY-ST-ZIP		
TITLE	SD	4.1 TITLE	D	☒ Change ☐ Addition
NAME	HUMBERTO, CORDERO	4.2 NAME		
STREET ADDRESS	17987 FOXBOROUGH LN	4.3 STREET ADDRESS		
CITY-ST-ZIP	BOCA RATON FL	4.4 CITY-ST-ZIP		
TITLE	TD	5.1 TITLE	D/S	☒ Change ☐ Addition
NAME	CALLAWAY, ROBERT J.	5.2 NAME		
STREET ADDRESS	1639 FORUM PLACE, SUITE 5	5.3 STREET ADDRESS		
CITY-ST-ZIP	W. PALM BCH. FL	5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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, added or deleted.

SIGNATURE: J.H.FLYNN, Pres/CEO 7/6 (407) 845-1323
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0248387 CP