

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
May 06 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # M20905 (9)

1. Corporation Name

PALM BEACH BLOOD SERVICES, INC.

Principal Place of Business

% JOHN H. FLYNN
933 45TH STREET
WEST PALM BEACH FL 33407-2413

Mailing Address

% JOHN H. FLYNN
933 45TH STREET
WEST PALM BEACH FL 33407-2413

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/23/1985

4. FEI Number

59-0877825

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

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\$5.00 May Be
Added to Fees

8. This corporation owes or has paid the current year intangible
Personal Property Tax due June 30.

☒

Yes

☐

No

9. Name and Address of Current Registered Agent

FLYNN, JOHN H.
933 45TH STREET
WEST PALM BEACH FL 33407-0818

10. Name and Address of New Registered Agent

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 filed in application

(NOTE: Registered Agent signature required when reinstating)

DATE

4/21/98

12. OFFICERS AND DIRECTORS

TITLE	STD	<input type="checkbox"/> DELETE
NAME	BRUMBACK, CLARENCE L.M.D.	
STREET ADDRESS	933 45TH STREET	
CITY - ST - ZIP	W PALM BCH FL 33407	
TITLE	CD	<input type="checkbox"/> DELETE
NAME	JOHANSEN, DOUGLAS G.	
STREET ADDRESS	933 45TH STREET	
CITY - ST - ZIP	WEST PALM BEACH FL 33407	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	FLYNN, JOHN H	
STREET ADDRESS	933 45TH STREET	
CITY - ST - ZIP	WEST PALM BEACH FL 33407	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	HUMBERTO, CORDERO	
STREET ADDRESS	933 45TH STREET	
CITY - ST - ZIP	WEST PALM BEACH FL 33407	
TITLE	D	<input type="checkbox"/> DELETE
NAME	ARVIDSON, PHIL	
STREET ADDRESS	933 45TH STREET	
CITY - ST - ZIP	WEST PALM BEACH FL 33407	
TITLE	D	<input type="checkbox"/> DELETE
NAME	NIEHAUS, ROBERT	
STREET ADDRESS	933 45TH STREET	
CITY - ST - ZIP	WEST PALM BEACH FL 33407	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	P
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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

John H. FLYNN 4/21/98 561-845-2323

CR2E034 (10/97)