

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 04, 1999 8:00 am
Secretary of State

05-04-1999 90119 003 ***158.75

0367235

DOCUMENT # M20905

1. Corporation Name

~~PALM BEACH BLOOD SERVICES, INC.~~
SOUTH FLORIDA 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



\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax.



Yes No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

9. Name and Address of Current Registered Agent

FLYNN, JOHN H.
933 45TH STREET
WEST PALM BEACH FL 33407-0618

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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE STD ☒ DELETE

NAME BRUMBACK, CLARENCE L M.D.
STREET ADDRESS 933 45TH STREET
CITY-ST-ZIP W PALM BCH FL 33407

TITLE CD ☒ DELETE

NAME JOHANSEN, DOUGLAS G.
STREET ADDRESS 933 45TH STREET
CITY-ST-ZIP WEST PALM BEACH FL 33407

TITLE P ☐ DELETE

NAME FLYNN, JOHN H
STREET ADDRESS 933 45TH STREET
CITY-ST-ZIP WEST PALM BEACH FL 33407

TITLE VD ☐ DELETE

NAME HUMBERTO, CORDERO
STREET ADDRESS 933 45TH STREET
CITY-ST-ZIP WEST PALM BEACH FL 33407

TITLE D ☐ DELETE

NAME ARVIDSON, PHIL
STREET ADDRESS 933 45TH STREET
CITY-ST-ZIP WEST PALM BEACH FL 33407

TITLE D ☐ 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 ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☒ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
JOHN H. FLYNN

4-27-99

561-845-2323

Date

Daytime Phone #

CR2E034 (11/98)