

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

May 03, 2001 8:00 am
Secretary of State

05-03-2001 90941 042 ***158.75

DOCUMENT # M20905

1. Entity Name

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

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-0877825

Applied For

Not Applicable

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

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

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☐ Delete
NAME **FLYNN, JOHN H**
STREET ADDRESS **933 45TH STREET**
CITY-ST-ZIP **WEST PALM BEACH FL 33407**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **VD** ☒ Delete
NAME **HUMBERTO, CORDERO**
STREET ADDRESS **933 45TH STREET**
CITY-ST-ZIP **WEST PALM BEACH FL 33407**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **C** ☒ Delete
NAME **ARVIDSON, PHIL**
STREET ADDRESS **933 45TH STREET**
CITY-ST-ZIP **WEST PALM BEACH FL 33407**

TITLE **D** ☐ Change ☒ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☐ Delete
NAME **NIEHAUS, ROBERT**
STREET ADDRESS **933 45TH STREET**
CITY-ST-ZIP **WEST PALM BEACH FL 33407**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **VICE CHAIRMAN VOLD** ☐ Change ☒ Addition
NAME **LAURA SOUTH**
STREET ADDRESS **933 45TH STREET**
CITY-ST-ZIP **WEST PALM BEACH, FL 33407**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **S/T/D** ☐ Change ☒ Addition
NAME **BENJAMIN BERGES, M.D.**
STREET ADDRESS **933 45TH STREET**
CITY-ST-ZIP **WEST PALM BEACH, FL 33407**

13. 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 11 or Block 12 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

4/2/01 (John H. Flynn) 561-845-2323
Date Daytime Phone #

CR2E034 (10/00)

South Florida Blood Banks

Additional Directors

April 24, 2001

Rob Holroyd, Director
933 45th Street
West Palm Beach, FL 33407

Maria Ornelas, Director
933 45th Street
West Palm Beach, FL 33407

Theodore Moffett, Director
933 45th Street
West Palm Beach, FL 33407

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