2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2004
Secretary of State

DOCUMENT# M20905

Entity Name: SOUTH FLORIDA BLOOD SERVICES, INC.

Current Principal Place of Business:

3451 NORTHLAKE BLVD
LAKE PARK, FL 33403

New Principal Place of Business:

Current Mailing Address:

3451 NORTHLAKE BLVD
LAKE PARK, FL 33403

New Mailing Address:

FEI Number: 59-0877825 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

FLYNN, JOHN H.
3451 NORTHLAKE BLVD
LAKE PARK, FL 33403

Name and Address of New Registered Agent:

FLYNN, JOHN H
3451 NORTHLAKE BLVD
LAKE PARK, FL 33403

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: JOHN H. FLYNN 04/28/2004
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: CD (X) Delete
Name: SOUTH, LAURA
Address: 3451 NORTHLAKE BLVD
City-St-Zip: LAKE PARK, FL 33403

Title: VD ( ) Delete
Name: REEVER, TIM
Address: 3451 NORTHLAKE BLVD
City-St-Zip: LAKE PARK, FL 33403

Title: D ( ) Delete
Name: EASSA, MICHELE
Address: 3451 NORTHLAKE BLVD
City-St-Zip: LAKE PARK, FL 33403

Title: D ( ) Delete
Name: CHOURIS, VICKI
Address: 3451 NORTHLAKE BLVD
City-St-Zip: LAKE PARK, FL 33403

Title: D ( ) Delete
Name: WRIGHT, COLIN
Address: 3451 NORTHLAKE BLVD
City-St-Zip: LAKE PARK, FL 33403

Title: P ( ) Delete
Name: FLYNN, JOHN H
Address: 3451 NORTHLAKE BLVD
City-St-Zip: LAKE PARK, FL 33403

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: STD (X) Change ( ) Addition
Name: EASSA, MICHELE
Address: 3451 NORTHLAKE BLVD
City-St-Zip: LAKE PARK, FL 33403

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: CD (X) Change ( ) Addition
Name: WRIGHT, COLIN
Address: 3451 NORTHLAKE BLVD
City-St-Zip: LAKE PARK, FL 33403

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOHN H. FLYNN P 04/28/2004
Electronic Signature of Signing Officer or Director Date