

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

0381183 AV

DOCUMENT # M20905

1. Entity Name
SOUTH FLORIDA BLOOD SERVICES, INC.



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

03 MAY -7 AM 11:02

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

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE CD
NAME ARVIDSON, PHILIP L
STREET ADDRESS 933 45TH STREET
CITY-ST-ZIP WEST PALM BEACH FL 33407 ☒ Delete

TITLE VCD
NAME SOUTH, LAURA
STREET ADDRESS 933 45TH STREET
CITY-ST-ZIP WEST PALM BEACH FL 33407 ☐ Delete

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

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

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

TITLE STD
NAME MOFFETT, THEODORE
STREET ADDRESS 933 45TH STREET
CITY-ST-ZIP WEST PALM BEACH FL 33407-2413 ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

TITLE
NAME John H. FLYNN
STREET ADDRESS 933 45TH STREET
CITY-ST-ZIP WEST PALM BEACH, FL 33407 ☒ Change ☐ Addition

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

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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/6/03

Date

561-845-2323

Daytime Phone #

CR2E034 (10/02)

SOUTH FLORIDA BLOOD SERVICES, INC.
BOARD OF DIRECTORS

Laura South, Vice Chair/Director
933 45th Street
West Palm Beach, FL 33407

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

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

Paul Van der Grift, Director
933 45th Street
West Palm Beach, FL 33407

Tim Reeve, Director
933 45th Street
West Palm Beach, FL 33407

Michele L. Eassa, Director
933 45th Street
West Palm Beach, FL 33407