

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED

03 DEC 17 AM 9:34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # M20905

1. Entity Name

SOUTH FLORIDA BLOOD SERVICES, INC.



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3451 Northlake Blvd.

3. Mailing Address

3451 Northlake Blvd.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
Lake Park, FL

City & State
Lake Park, FL

4. FEI Number

59-0877825

Applied For

Not Applicable

Zip
33403

Country
USA

Zip
33403

Country
USA

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

Flynn, John H.

Street Address (P.O. Box Number is Not Acceptable)

3451 Northlake Boulevard

City

Lake Park,

FL

Zip Code
33403

**DO NOT WRITE
IN THIS SPACE**

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

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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
NAME
C/D South, Laura
STREET ADDRESS
3451 Northlake Blvd.
CITY-ST-ZIP
Lake Park, FL 33403

TITLE
NAME
V/D Reeve, Tim
STREET ADDRESS
3451 Northlake Blvd.
CITY-ST-ZIP
Lake Park, FL 33403

TITLE
NAME
D Eassa, Michele
STREET ADDRESS
3451 Northlake Blvd.
CITY-ST-ZIP
Lake Park, FL 33403

TITLE
NAME
D Chouris, Vicki
STREET ADDRESS
3451 Northlake Blvd.
CITY-ST-ZIP
Lake Park, FL 33403

TITLE
NAME
D Wright, Colin
STREET ADDRESS
3451 Northlake Blvd.
CITY-ST-ZIP
Lake Park, FL 33403

TITLE
NAME
P John H. Flynn
STREET ADDRESS
3451 Northlake Blvd.
CITY-ST-ZIP
Lake Park, FL 33403

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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**DO NOT WRITE
IN THIS SPACE**

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 on an attachment with an address, with all other duly empowered.

SIGNATURE:

John H. Flynn

11-25-2003

561-845-2323

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/02)