FROM : LUSKY & MOJOŁA 🕿 A. Division of C

Florida Department of State

Division of Corporations Public Access System Katherine Harris, Secretary of State

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Division of Corporations

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From:

Account Name

: LUSKY & MOTOLA, ESQ.

Account Number: 110331002052 Phone

: (305)446-1245

Fax Number

: (305)446-1205

REGISTERED AGENT CHANGE

MATIONAL BLOOD CENTER SOUTH FLORIDA REGION, INC. DIVISION

Certificate of Status	0
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6/5/2002

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STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Stothe undersigned corporation organized under the laws of the State of FLORISA	itutes,	
submits the following statement in order to change its registered office or registered agent, or bo the State of Florida.		
1. The name of the corporation: NATIONAL BLOOK CENTER SOUTH FLORING PL	EGION,	INC.
2. The mailing address of the corporation: 955 NW 3 STREET	1	<u>-</u>
2 Date of incomplete (audition) at the contract of the contrac		_
3. Date of incorporation/qualification: 4-4-01 Document number: Notocope	7 237	<u>.</u> .
4. The name and address of the current registered agent and office:		
LUSKY & MOTOLA, P.A.		
301 ALMERIA AVENUE, SUITE 345		
COPAI GARIES EL 221711		
 Ine name and address of the new registered agent (if changed) and/or registered office (if change) 	w1)•	
(P. O. Box Not Acceptable)	AL).	
E BUARDO EUTIERREZ	~	₽
C/O CANTERA & CO. P.A.	2002 JUN 1	SEV
1767 COPAL SOLAR	⊒	물
The street address of its registered office and the street address of the land.	=	유자
		ORP ORP
Such change was applicatived by resolution duly adopted by its board of directors or by an officer s	?	RY OF STAT
(Signature of the officest chairman or vice chairman of the board) (Date)	- 	
(Signstanc of the officer, chairman or vice chairman of the board) (Date)	Ę5	₹ 5
(Printed or typed name and title)		-,
Having been named as registered agent and to accept service of process for the above stated corporation, I hereby accept the appointment as registered agent and agree to act in this capacity further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent.	.	
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
(Date)		
f signing on behalf of an entity:		
f signing on behalf of an entity: EbvAPbD Gutighted (Typed or Printed Name) (Capacity)		
(copused)		
* * * FILING FEE: \$35.00 * * *		
R2E045(9/00) DIVISION OF CORPORATIONS P.O. BÓY 6227		

Tallahasser, FL 32314