

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Feb 17, 2002 8:00 am**  
**Secretary of State**

02-17-2002 90055 049 \*\*\*\*70.00

0032594

**DOCUMENT # N02180**

1. Entity Name

**ASSOCIATION OF INDEPENDENT BLOOD CENTERS, INC.**

Principal Place of Business

Mailing Address

**933 45TH STREET  
 WEST PALM BEACH FL 33407**

**933 45TH STREET  
 WEST PALM BEACH FL 33407  
 US**

**80026030**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**59-2445150**

Applied For

Not Applicable

Zip

Country

Zip

Country

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 ST  
 WEST PALM BEACH FL 33407**

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

**1/29/02**

**FILE NOW: FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution.

**\$5.00** May Be Added to Fees

**Make Check Payable to Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<b>CD</b>	<input type="checkbox"/> Delete
NAME	<b>JOHANSEN, DOUGLAS G.</b>	
STREET ADDRESS	<b>18270 SE FAIRVIEW CIR</b>	
CITY-ST-ZIP	<b>TEQUESTA FL</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>CHALMERS, DUNCAN</b>	
STREET ADDRESS	<b>1300-36TH STREET</b>	
CITY-ST-ZIP	<b>VERO BEACH FL</b>	
TITLE	<b>PD</b>	<input type="checkbox"/> Delete
NAME	<b>FLYNN, JOHN H</b>	
STREET ADDRESS	<b>933 45TH STREET</b>	
CITY-ST-ZIP	<b>WEST PALM BEACH FL</b>	
TITLE	<b>T</b>	<input type="checkbox"/> Delete
NAME	<b>ADAMS, PAUL</b>	
STREET ADDRESS	<b>6481 N. OLD DIXIE HWY</b>	
CITY-ST-ZIP	<b>FORT PIERCE FL 34966</b>	
TITLE	<b>VC</b>	<input type="checkbox"/> Delete
NAME	<b>BARR, ALICE</b>	
STREET ADDRESS	<b>3200 LAKELAND HILLS BLVD</b>	
CITY-ST-ZIP	<b>LAKELAND FL</b>	
TITLE	<b>S</b>	<input type="checkbox"/> Delete
NAME	<b>JOHNSTON, PAT</b>	
STREET ADDRESS	<b>1300 36TH ST</b>	
CITY-ST-ZIP	<b>VERO BEACH FL</b>	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 617, 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**

**1/29/02**

**561-881-1640**

CR2E037 (9/01)