

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02180

FILED
Apr 30, 2004
Secretary of State**Entity Name:** ASSOCIATION OF INDEPENDENT BLOOD CENTERS, INC.**Current Principal Place of Business:**933 45TH STREET
WEST PALM BEACH, FL 33407 US**New Principal Place of Business:**3451 NORTHLAKE BLVD
LAKE PARK, FL 33403 US**Current Mailing Address:**933 45TH STREET
WEST PALM BEACH, FL 33407 US**New Mailing Address:**3451 NORTHLAKE BLVD
LAKE PARK, FL 33403**FEI Number:** 59-2445150**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired (X)****Name and Address of Current Registered Agent:**FLYNN, JOHN H
933 45TH ST
WEST PALM BEACH, FL 33407 US**Name and Address of New Registered Agent:**FLYNN, JOHN H
3451 NORTHLAKE BLVD.
LAKE PARK, FL 33403 US

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

04/30/2004

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:**Title:** CD () Delete
Name: JOHANSEN, DOUGLAS G.,
Address: 18270 SE FAIRVIEW CIR
City-St-Zip: TEQUESTA, FL**Title:** T () Delete
Name: ARVIDSON, PHILIP
Address: P.O. BOX 31907
City-St-Zip: PALM BEACH GARDENS, FL**Title:** PD () Delete
Name: FLYNN, JOHN H
Address: 933 45TH STREET
City-St-Zip: WEST PALM BEACH, FL**Title:** D () Delete
Name: WILLARD, TOM
Address: 1717 JOHN ARTHUR WAY
City-St-Zip: LAKELAND, FL 33803**Title:** VC () Delete
Name: BARR, ALICE,
Address: 3200 LAKELAND HILLS BLVD
City-St-Zip: LAKELAND, FL**Title:** S () Delete
Name: JOHNSTON, PAT
Address: 1300 36TH ST
City-St-Zip: VERO BEACH, FL**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:****Title:** () Change () Addition
Name:
Address:
City-St-Zip:**Title:** D (X) Change () Addition
Name: WRIGHT, COLIN
Address: 3451 NORTHLAKE BLVD.
City-St-Zip: LAKE PARK, FL 33403**Title:** PD (X) Change () Addition
Name: FLYNN, JOHN H
Address: 3451 NORTHLAKE BLVD.
City-St-Zip: LAKE PARK, FL 33403**Title:** () Change () Addition
Name:
Address:
City-St-Zip:**Title:** VCD (X) Change () Addition
Name: BARR, ALICE,
Address: 3200 LAKELAND HILLS BLVD
City-St-Zip: LAKELAND, FL**Title:** SD (X) Change () Addition
Name: JOHNSTON, PAT
Address: 1300 36TH ST
City-St-Zip: VERO BEACH, FL

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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOHN H. FLYNN

PD

04/30/2004

Electronic Signature of Signing Officer or Director

Date

MICHELLE NOLTE, D
3200 LAKELAND HILLS BLVD.
LAKELAND, FL

PATRICIA LAWRY, D
3451 NORTHLAKE BLVD.
LAKE PARK, FL 33403