

N02180

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Association of Independent Blood Centers, Inc.  
\_\_\_\_\_  
(Name of Corporation)

**DOCUMENT NUMBER:** N02180  
\_\_\_\_\_

The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.  
Please return all correspondence concerning this matter to the following:

Pat Johnston  
\_\_\_\_\_  
(Name of Person)

Association of Independent Blood Centers, Inc.  
\_\_\_\_\_  
(Name of Firm/Company)

1300 36th Street, Bldg. E  
\_\_\_\_\_  
(Address)

Vero Beach, FL 32960  
\_\_\_\_\_  
(City/State and Zip Code)

For further information concerning this matter, please call:

Pat Johnston at ( 772 ) 567-4266  
\_\_\_\_\_  
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for \$35.00 made payable to the Florida Department of State.

**Street Address:**  
Amendment Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**Mailing Address:**  
Amendment Section  
Division of Corporations  
Post Office Box 6327  
Tallahassee, FL 32314

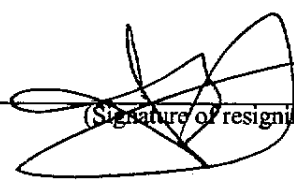
**OFFICER / DIRECTOR RESIGNATION  
FOR A CORPORATION**

I, <sup>#:</sup> John Flynn, hereby resign as President & Director <sup>AND TRS.</sup>  
(Title)

of Association of Independent Blood Centers, Inc.  
(Name of Corporation)

N02180, a corporation organized under the laws of the State of  
(Document Number, if known)

Florida

  
(Signature of resigning officer/director)

**FILING FEE IS \$35.00**

**Make checks payable to Florida Department of State and mail to:**

Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

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TALLAHASSEE, FLORIDA