

**2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Feb 05, 2008  
Secretary of State**

DOCUMENT# N02180

Entity Name: ASSOCIATION OF INDEPENDENT BLOOD CENTERS, INC.

**Current Principal Place of Business:**

1300 36TH STREET  
VERO BEACH, FL 32960 US

**New Principal Place of Business:**

**Current Mailing Address:**

1300 36TH STREET  
VERO BEACH, FL 32960 US

**New Mailing Address:**

FEI Number: 59-2445150      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

JOHNSTON, PATRICIA M  
1300 36TH STREET  
VERO BEACH, FL 32960 US

**Name and Address of New Registered Agent:**

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:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: ZEUCH, WARREN  
Address: 1300 36TH STREET  
City-St-Zip: VERO BEACH, FL 32960

Title: CD ( ) Delete  
Name: JOHNSTON, PATRICIA M  
Address: 1300 36TH ST  
City-St-Zip: VERO BEACH, FL 32960

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: PATRICIA JOHNSTON

CD

02/05/2008

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date