

**2009 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT****FILED**  
**Sep 04, 2009**  
**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:**10100 DR ML KING JR ST N  
ST PETERSBURG, FL 33716 US**Current Mailing Address:**10100 DR ML KING JR ST N  
ST PETERSBURG, FL 33716 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:**DODDRIDGE, DON  
10100 DR ML KING JR ST N  
ST PETERSBURG, FL 33716 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:** CD ( ) Delete  
**Name:** BERTKE, ROY  
**Address:** 2962 STOCKWOOD DR  
**City-St-Zip:** CLEARWATER, FL 33761**Title:** PD ( ) Delete  
**Name:** DODDRIDGE, DON  
**Address:** 1040 WATER OAK CT NE  
**City-St-Zip:** ST PETERSBURG, FL 33703**Title:** VD ( ) Delete  
**Name:** CLARKE, DICK  
**Address:** 5403 9TH AVE DR W  
**City-St-Zip:** BRADENTON, FL 34209**Title:** TD ( ) Delete  
**Name:** HARKINS, HAROLD L JR  
**Address:** 2803 W BUSCH BLVD STE 112  
**City-St-Zip:** TAMPA, FL 33618**Title:** SD ( ) Delete  
**Name:** MATHENEY, ERIK  
**Address:** 101 E KENNEDY BLVD STE 3700  
**City-St-Zip:** TAMPA, FL 33601**Title:** D ( ) Delete  
**Name:** OBRIEN, TIM  
**Address:** 3023 SHANNON LAKES N #102  
**City-St-Zip:** TALLAHASSEE, FL 32309**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:****Title:** ( ) Change ( ) Addition  
**Name:**  
**Address:**  
**City-St-Zip:****Title:** ( ) Change ( ) Addition  
**Name:**  
**Address:**  
**City-St-Zip:****Title:** ( ) Change ( ) Addition  
**Name:**  
**Address:**  
**City-St-Zip:****Title:** ( ) Change ( ) Addition  
**Name:**  
**Address:**  
**City-St-Zip:****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: DON DODDRIDGE

PD

09/04/2009

Electronic Signature of Signing Officer or Director

Date