

2009 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N07000001725

FILED
Apr 29, 2009
Secretary of State

Entity Name: THE NATIONAL BOARD OF PERI-OPERATIVE BLOOD MANAGEMENT, INC.

Current Principal Place of Business:

20685 CASALY DR
ALVA, FL 33920

New Principal Place of Business:

Current Mailing Address:

20685 CASALY DR
ALVA, FL 33920

New Mailing Address:

C/O JOHN M. WICKER, P.A.
P.O. DRAWER 60205
FORT MYERS, FL 33906

FEI Number: **FEI Number Applied For (X)** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

TOTTERDALE, RAELENE
20685 CASALY DR
ALVA, FL 33920 US

Name and Address of New Registered Agent:

WICKER, JOHN M
12670 NEW BRITTANY BOULEVARD
SUITE 101
FORT MYERS, FL 33907 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 M. WICKER

04/29/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: TOTTERDALE, RAELENE
Address: 20685 CASALY DR
City-St-Zip: ALVA, FL 33920

Title: S () Delete
Name: GREEN, AGNES DR
Address: 20685 CASALY DR
City-St-Zip: ALVA, FL 33920

Title: D () Delete
Name: BERTRAM, MORTON DR
Address: 20685 CASALY DR
City-St-Zip: ALVA, FL 33920

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:

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: RAELENE TOTTERDALE

P

04/29/2009

Electronic Signature of Signing Officer or Director

Date