

2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000001725

FILED
Mar 09, 2010
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:

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

New Mailing Address:

FEI Number: **FEI Number Applied For ()** **FEI Number Not Applicable (X)** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

WICKER, JOHN M
12670 NEW BRITTANY BOULEVARD
SUITE 101
FORT MYERS, FL 33907 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: P
Name: TOTTERDALE, RAELENE
Address: 20685 CASALY DR
City-St-Zip: ALVA, FL 33920

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

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

I hereby 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 all other like empowered.

SIGNATURE: RAELENE TOTTERDALE

P

03/09/2010

Electronic Signature of Signing Officer or Director

Date