2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000010665

Entity Name: REGIONAL BLOOD CENTER, INC.

FILED Jan 05, 2008 Secretary of State

Current Principal Place of Business:	New Principal Place of Business:
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248-B NW LE JEUNE ROAD MIAMI, FL 33126

Current Mailing Address: New Mailing Address:

248-B NW LE JEUNE ROAD MIAMI, FL 33126

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

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

VILLEGAS, JULIO F 6430 SW 43 STREET MIAMI, FL 33155 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:

Electronic Signature of Registered Agent Date

Name:

Address:

City-St-Zip:

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

DIAZ DE LA ROCHA, RAFAEL

100 SW 110 STREET, #111

MIAMI, FL 33174 US

(X) Change () Addition

 Title:
 P () Delete

 Name:
 DIAZ DE LA ROCHA, RAFAEL

 Address:
 100 SW 110 STREET, #111

 City-St-Zip:
 MIAMI, FL 33174 US

Title: VP,T () Delete Title: () Change () Addition Name: PARDO, RUY A Name:

 Name:
 PARDO, RUY A
 Name:

 Address:
 7125 BONITA DRIVE #406
 Address:

 City-St-Zip:
 MIAMI BEACH, FL 33141
 City-St-Zip:

Title: SEC. () Delete Title: SCR. (X) Change () Addition

 Name:
 VILLEGAS, JULIO F
 Name:
 VILLEGAS, JULIO F

 Address:
 6430 SW 43 STREET
 Address:
 6430 SW 43 STREET

 City-St-Zip:
 MIAMI, FL 33155
 City-St-Zip:
 MIAMI, FL 33155

Title: CEO () Delete Title: () Change () Addition

 Name:
 GUTIERREZ, EDUARDO J
 Name:

 Address:
 13500 SW 97 STREET
 Address:

 City-St-Zip:
 MIAMI, FL 33186
 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: RAFAEL DIAZ DE LA ROCHA PRES 01/05/2008