

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 03, 2001 8:00 am
Secretary of State

05-03-2001 90941 044 ****70.00

DOCUMENT # N19169

1. Entity Name

SOUTH FLORIDA ORGAN AND TISSUE BANK, INC.

Principal Place of Business

Mailing Address

% JOHN H. FLYNN
 933 45TH STREET
 WEST PALM BEACH FL 33407-2413

% JOHN H. FLYNN
 933 45TH STREET
 WEST PALM BEACH FL 33407-2413

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-0877825

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

☒

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**FLYNN, JOHN H.
 933 45TH STREET
 WEST PALM BEACH FL 33407**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:
 FEE IS \$61.25**

9. Election Campaign Financing
 Trust Fund Contribution. ☐

**\$5.00 May Be
 Added to Fees**

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**P
 FLYNN, JOHN H.
 933 45TH STREET
 WEST PALM BEACH FL 33407** ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**VPD
 HUMBERTO, CORDERO
 933 45TH STREET
 WEST PALM BEACH FL 33407** ☒ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**CD
 ARVIDSON, PHIL
 933 45TH STREET
 WEST PALM BEACH FL 33407** ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**D
 NIEHAUS, ROBERT
 933 45TH STREET
 WEST PALM BEACH FL 33407** ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**VC/D
 LAURA SOUTH
 933 45TH STREET
 W. PALM BEACH, FL 33407** ☐ Change ☒ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**S/T/D
 BENJAMIN BERGES, M.D.** ☐ Change ☒ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(JOHN H. FLYNN)

561-845-2323

Date

Daytime Phone #

CR2E037 (10/00)

South Florida Blood Banks

Additional Directors

April 24, 2001

Rob Holroyd, Director
933 45th Street
West Palm Beach, FL 33407

Maria Ornelas, Director
933 45th Street
West Palm Beach, FL 33407

Theodore Moffett, Director
933 45th Street
West Palm Beach, FL 33407

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