

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N27016 (7)
1. Corporation Name
INDEPENDENT BLOOD AND TISSUE SERVICES OF FLORIDA
, INC.



Principal Place of Business
32 W GORE ST
PO BOX 568613
ORLANDO FL 32806

Mailing Address
32 W GORE ST
PO BOX 568613
ORLANDO FL 32806

3. Date Incorporated or Qualified 06/20/1988	3a. Date of Last Report 09/13/1995
4. FEI Number 59-2898768	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

9. Name and Address of Current Registered Agent CARR, EDWARD O. 32 W GORE ST ORLANDO FL 32806	10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code
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11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE		(NOTE: Registered Agent signature required when reinstating)		DATE	
12. OFFICERS AND DIRECTORS					
TITLE	DC	<input type="checkbox"/> DELETE			
NAME	EIDSON, TEDFORD V.				
STREET ADDRESS	2807 EDGEWATER DR				
CITY-ST-ZIP	ORLANDO FL				
TITLE	DVC	<input type="checkbox"/> DELETE			
NAME	YATES, LEIGHTON D., JR.				
STREET ADDRESS	2 SOUTH ORANGE AVE				
CITY-ST-ZIP	ORLANDO FL				
TITLE	DPS	<input type="checkbox"/> DELETE			
NAME	CARR, EDWARD O				
STREET ADDRESS	32 W GORE ST				
CITY-ST-ZIP	ORLANDO FL				
TITLE	DT	<input type="checkbox"/> DELETE			
NAME	BOONE, DAVID				
STREET ADDRESS	200 S ORANGE AVE				
CITY-ST-ZIP	ORLANDO FL				
TITLE	DC	<input type="checkbox"/> DELETE			
NAME	RAMSDEEL, ROBERT				
STREET ADDRESS	2811 CURRY FORD RD				
CITY-ST-ZIP	ORLANDO FL				
TITLE	D	<input checked="" type="checkbox"/> DELETE			
NAME	GALLOWAY, BARTON, M.D.				
STREET ADDRESS	9333 S JOHN YOUNG PARKWAY 78V-1000				
CITY-ST-ZIP	ORLANDO FL				
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12					
1.1 TITLE	DC	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
1.2 NAME	DUDA, BETTY A.				
1.3 STREET ADDRESS	2450 MIKLER ROAD				
1.4 CITY-ST-ZIP	OVIEDO, FL 32765	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
2.2 NAME					
2.3 STREET ADDRESS					
2.4 CITY-ST-ZIP					
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
3.2 NAME					
3.3 STREET ADDRESS					
3.4 CITY-ST-ZIP					
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
4.2 NAME					
4.3 STREET ADDRESS					
4.4 CITY-ST-ZIP					
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
5.2 NAME					
5.3 STREET ADDRESS					
5.4 CITY-ST-ZIP					
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
6.2 NAME					
6.3 STREET ADDRESS					
6.4 CITY-ST-ZIP					

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Edward O. Carr
EDWARD O. CARR

7/18/96 (407) 849-6100
Date Daytime Phone #

CR2E037 (3/96)