


FILE NOW: FILING FEE IS \$61.25

FILED
May 28 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997				FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # 1. Corporation Name N27014					
INDEPENDENT BLOOD AND TISSUE SERVICES OF FLORIDA, INC.					
Principal Place of Business 32 W. Gore Street PO Box 568613 Orlando, FL 32806			Mailing Address 32 W. Gore Street PO Box 568613 Orlando, FL 32806		
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country		3. Date Incorporated or Qualified 06/20/1988 3a. Date of Last Report 07/18/1996	
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			
9. Name and Address of Current Registered Agent Carr, Edward O. 32 W. Gore Street 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		
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 Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE					
12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE <input type="checkbox"/> DELETE 1.2 NAME DC 1.3 STREET ADDRESS Yates, Leighton D., Jr. 1.4 CITY-ST-ZIP 200 S. Orange Ave. Orlando, FL			1.1 TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 1.2 NAME D 1.3 STREET ADDRESS Metz, Ronald E. 1.4 CITY-ST-ZIP 861 S.E. 47th Street Cape Coral, FL		
2.1 TITLE <input type="checkbox"/> DELETE 2.2 NAME DVC 2.3 STREET ADDRESS Ramsdell, Robert 2.4 CITY-ST-ZIP 2811 Curry Ford Road Orlando, FL			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"/> DELETE 3.2 NAME DPS 3.3 STREET ADDRESS Carr, Edward O. 3.4 CITY-ST-ZIP 32 W. Gore St. Orlando, FL			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"/> DELETE 4.2 NAME DT 4.3 STREET ADDRESS Boone, David E. 4.4 CITY-ST-ZIP 200 S. Orange Ave. Orlando, FL			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"/> DELETE 5.2 NAME D 5.3 STREET ADDRESS Duda, Betty A. 5.4 CITY-ST-ZIP 2450 Mikler Road Oviedo, FL			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"/> DELETE 6.2 NAME D 6.3 STREET ADDRESS Eidson, Tedford 6.4 CITY-ST-ZIP 2807 Edgewater Dr. Orlando, FL			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 does not qualify for the exemption stated in Section 119.07(3)(i), 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: <i>Edward Carr</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					

CR2037 (9/96)

Handwritten: 5-28-97

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