2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N27016

FILED Apr 30, 2004 Secretary of State

Entity Name: INDEPENDENT BLOOD AND TISSUE SERVICES OF FLORIDA, INC.

Current Principal Place of Business: New Principal Place of Business: 32 W GORE ST 8669 COMMODITY CIRCLE PO BOX 568613 ORLANDO, FL 32819 ORLANDO, FL 32806 **Current Mailing Address: New Mailing Address:** 32 W GORE ST 8669 COMMODITY CIRCLE PO BOX 568613 ORLANDO, FL 32819 ORLANDO, FL 32806 FEI Number: 59-2898768 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: CHINODA ANNE K. CHINODA, ANNE K P/D 32 W GORE ST 8669 COMMODITY CIRCLE ORLANDO, FL 32806 ORLANDO, FL 32819 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: ANNE K. CHINODA 04/30/2004 Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Change () Addition () Delete YATES, LEIGHTON D Name: Name: 200 S. ORANGE AVENUE Address: Address: City-St-Zip: ORLANDO, FL 32801 City-St-Zip: Title: MALD () Delete Title: (X) Change () Addition ARNOLD, SHARON E Name: ARNOLD, SHARON E Name: Address: 1000 AAA DRIVE Address: 1000 AAA DRIVE City-St-Zip: LAKE MARY, FL 327465063 City-St-Zip: LAKE MARY, FL 327465063 Title: () Delete Title: () Change () Addition BOONE, DAVID, Name: Name: 200 S ORANGE AVE Address: Address: City-St-Zip: ORLANDO, FL City-St-Zip: Title: VCD () Delete Title: () Change () Addition Name: KURTZ, C DEAN Name: BOX 165000, MSFLAPKA0234 Address: Address: City-St-Zip: ALTAMONTE SPRINGS, FL 327165000 City-St-Zip: Title: VSD () Delete Title: P/D (X) Change () Addition CHINODA, ANNE K CHINODA, ANNE K Name: Name: 32 W GORE ST 8669 COMMODITY CIRCLE Address: Address: City-St-Zip: ORLANDO, FL 32806 City-St-Zip: ORLANDO, FL 32819 Title: () Delete Title: (X) Change () Addition BRADFORD, RICHMOND C BRADFORD, RICHMOND C Name: Name: Address: 5900 LAKE ELLENOR DR. Address: 5900 LAKE ELLENOR DR. ORLANDO, FL 32859 City-St-Zip: ORLANDO, FL 32859 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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: ANNE K. CHINODA P/D 04/30/2004

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