

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N27016

FILED  
Apr 21, 2008  
Secretary of State

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

**Current Principal Place of Business:**

8669 COMMODITY CIRCLE  
ORLANDO, FL 32819

**New Principal Place of Business:**

**Current Mailing Address:**

8669 COMMODITY CIRCLE  
ORLANDO, FL 32819

**New Mailing Address:**

**FEI Number:** 59-2898768

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

CHINODA, ANNE K P/D  
8669 COMMODITY CIRCLE  
ORLANDO, FL 32819 US

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

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

**OFFICERS AND DIRECTORS:**

Title: CD ( ) Delete  
Name: YATES, LEIGHTON D  
Address: 200 S. ORANGE AVENUE  
City-St-Zip: ORLANDO, FL 32801

Title: MALD ( ) Delete  
Name: PELLARIN, THOMAS  
Address: 482 S. KELLER RD.  
City-St-Zip: ORLANDO, FL 32810

Title: O ( ) Delete  
Name: TAGGART, JENNIFER  
Address: 8669 COMMODITY CIRCLE  
City-St-Zip: ORLANDO, FL 32819

Title: MALD ( ) Delete  
Name: COSTALES, RICHARD E  
Address: 1000 UNIVERSAL STUDIOS PLAZA  
City-St-Zip: ORLANDO, FL 32819

Title: P/D ( ) Delete  
Name: CHINODA, ANNE K  
Address: 8669 COMMODITY CIRCLE  
City-St-Zip: ORLANDO, FL 32819

Title: VC/D ( ) Delete  
Name: RICHMOND, BRADFORD C  
Address: 5900 LAKE ELLENOR DR.  
City-St-Zip: ORLANDO, FL 32859

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
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: ANNE K. CHINODA

CEO

04/21/2008

Electronic Signature of Signing Officer or Director

Date