

2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N27016

FILED
Apr 28, 2010
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:

PRATT, MICHAEL INT P
8669 COMMODITY CIRCLE
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: MICHAEL PRATT

04/28/2010

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: C
Name: WALSH, RICHARD
Address: 8669 COMMODITY CIRCLE
City-St-Zip: ORLANDO, FL 32819

Title: VC
Name: WINSTEN, KEITH
Address: 8669 COMMODITY CIRCLE
City-St-Zip: ORLANDO, FL 32819

Title: AS
Name: JENSEN, STEPHEN
Address: 8669 COMMODITY CIRCLE
City-St-Zip: ORLANDO, FL 32819

Title: D
Name: GAMMON, RICHARD
Address: 8669 COMMODITY CIRCLE
City-St-Zip: ORLANDO, FL 32819

Title: P
Name: PRATT, MICHAEL INT P
Address: 8669 COMMODITY CIRCLE
City-St-Zip: ORLANDO, FL 32819

I hereby 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 all other like empowered.

SIGNATURE: MICHAEL PRATT

P

04/28/2010

Electronic Signature of Signing Officer or Director

Date