

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # N50067 (0)

1. Corporation Name

FLORIDA BLOOD SERVICES, INC.



Principal Place of Business

Mailing Address

**3602 SPECTRUM BLVD.
TAMPA FL 33612
US**

**P.O. BOX 2125
TAMPA FL 33601-2125
US**

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

**MARQUARDT, EMIL C., JR.
400 CLEVELAND STREET
SUITE 800
CLEARWATER FL 34615**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

3. Date Incorporated or Qualified

07/27/1992

3a. Date of Last Report

04/28/1995

4. FEI Number

59-3145469

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution

☐

**\$5.00 May Be
Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☐

Yes

☐

No

10. Name and Address of New Registered Agent

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

TITLE	CD	<input type="checkbox"/> DELETE
NAME	HALE, WILLIAM E	
STREET ADDRESS	207 JEFFORDS STREET	
CITY-ST-ZIP	CLEARWATER FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	LEONARD, JAMES B	
STREET ADDRESS	251 PINE ROAD	
CITY-ST-ZIP	CLEARWATER FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	ALLEN, MARY W	
STREET ADDRESS	4001 ALABAMA AVENUE NE	
CITY-ST-ZIP	ST PETERSBURG FL 33703	
TITLE	D	<input type="checkbox"/> DELETE
NAME	HAMILTON, JOHN W	
STREET ADDRESS	175 FIFTH STREET NORTH	
CITY-ST-ZIP	ST PETERSBURG FL 33703	
TITLE	D	<input type="checkbox"/> DELETE
NAME	HARKINS, HAROLD L	
STREET ADDRESS	2803 WEST BUSCH BLVD SUITE 103	
CITY-ST-ZIP	TAMPA FL 33618	
TITLE	DVC	<input type="checkbox"/> DELETE
NAME	VALDES, PLANO B	
STREET ADDRESS	702 N FRANKLIN STREET	
CITY-ST-ZIP	TAMPA FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
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, unchanged, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)

Florida Blood Services, Inc.
Board of Directors
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- D Nancy S. McWilliams
3602 Spectrum Boulevard
Tampa, Florida 33612
- D Joel Parker
501 Rosery Road
Belleair, Florida 34616
- D Margot Pequignot
1501A #2 Belcher Road South
Largo, Florida 34641
- D Cyril E. Pogue, Jr.
3602 Spectrum Boulevard
Tampa, Florida 33612
- D Herbert E. Polson
6140-7th Avenue North
St. Petersburg, Florida 33710
- S/D Barbara L. Rosenblum
7 Ambleside Drive
Belleair, Florida 34616
- D John Shively, M.D.
15328 Sherwood Forest Drive
Tampa, Florida 33612
- D Lawrence Stagg, Esq.
3602 Spectrum Boulevard
Tampa, Florida 33612
- D Christopher Stiles
319 Rafael Boulevard, NE
St. Petersburg, Florida 33704
- D Steven Uebel
3602 Spectrum Boulevard
Tampa, Florida 33612
- D Thomas Vann
3602 Spectrum Boulevard
Tampa, Florida 33612

FLORIDA BLOOD SERVICES, INC.
BOARD OF DIRECTORS
1995-1996

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- D Joseph Alexander
1266 Rogers Street, Suite H
Clearwater, Florida 34616
- D David G. Binnie, Ed.D.
3602 Spectrum Boulevard
Tampa, Florida 33612
- D Judy Case
12029 Majestic Boulevard, Suites 5A & 6A
Hudson, Florida 34667
- D Hilton F. Dinner
220 Belleview Boulevard
Belleair, Florida 34616
- D William B. Faber
2421 Carolina Avenue
Tampa, Florida 33629
- D William C. Gilmore, Jr.
715 South Boulevard
Tampa, Florida 33606
- D Rogers K. Haydon, Jr.
503 Rosery Road
Belleair, Florida 34616
- D Jeffrey Hearn
One Progress Plaza, Suite 165
St. Petersburg, Florida 33701
- T/D Martha L. Kehm
3602 Spectrum Boulevard
Tampa, Florida 33612
- P/D Germán F. Leparo, M.D.
3602 Spectrum Boulevard
Tampa, Florida 33612
- D Leo B. Matti
Asthma & Allergy Foundation
3100 East Fletcher Avenue
Tampa, Florida 33613