

**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: **3602 SPECTRUM BLVD. TAMPA FL 33612 US**  
Mailing Address: **P.O. BOX 2125 TAMPA FL 33601-2125 US**

3. Date Incorporated or Qualified: **07/27/1992**  
3a. Date of Last Report: **04/28/1995**  
4. FEI Number: **59-3145469**  
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

2. Principal Place of Business: 21 Suite, Apt. #, etc.: 22 City & State: 23 Zip: 24 Country: 25  
2a. Mailing Address: 26 Suite, Apt. #, etc.: 27 City & State: 28 Zip: 29 Country: 30

**9. Name and Address of Current Registered Agent**

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

**10. Name and Address of New Registered Agent**

81 Name: 82 Street Address (P.O. Box Number is Not Acceptable): 83 City: 84 State: **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: \_\_\_\_\_ DATE: \_\_\_\_\_  
\*Signature, typed or printed name of registered agent, and title if applicable. (NOTE: Registered Agent Signature required when reinstating)

| 12. OFFICERS AND DIRECTORS |                                     | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |   |
|----------------------------|-------------------------------------|---|---|
| TITLE                      | CD <input type="checkbox"/> DELETE  | 1.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | HALE, WILLIAM E                     | 1.2 NAME  |   |
| STREET ADDRESS             | 207 JEFFORDS STREET                 | 1.3 STREET ADDRESS                                    |   |
| CITY - ST - ZIP            | CLEARWATER FL                       | 1.4 CITY - ST - ZIP                                   |   |
| TITLE                      | D <input type="checkbox"/> DELETE   | 2.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | LEONARD, JAMES B                    | 2.2 NAME  |   |
| STREET ADDRESS             | 251 PINE ROAD                       | 2.3 STREET ADDRESS                                    |   |
| CITY - ST - ZIP            | CLEARWATER FL                       | 2.4 CITY - ST - ZIP                                   |   |
| TITLE                      | D <input type="checkbox"/> DELETE   | 3.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | ALLEN, MARY W                       | 3.2 NAME  |   |
| STREET ADDRESS             | 4001 ALABAMA AVENUE NE              | 3.3 STREET ADDRESS                                    |   |
| CITY - ST - ZIP            | ST PETERSBURG FL 33703              | 3.4 CITY - ST - ZIP                                   |   |
| TITLE                      | D <input type="checkbox"/> DELETE   | 4.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | HAMILTON, JOHN W                    | 4.2 NAME  |   |
| STREET ADDRESS             | 175 FIFTH STREET NORTH              | 4.3 STREET ADDRESS                                    |   |
| CITY - ST - ZIP            | ST PETERSBURG FL 33703              | 4.4 CITY - ST - ZIP                                   |   |
| TITLE                      | D <input type="checkbox"/> DELETE   | 5.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | HARKINS, HAROLD L                   | 5.2 NAME  |   |
| STREET ADDRESS             | 2803 WEST BUSCH BLVD SUITE 103      | 5.3 STREET ADDRESS                                    |   |
| CITY - ST - ZIP            | TAMPA FL 33618                      | 5.4 CITY - ST - ZIP                                   |   |
| TITLE                      | DVC <input type="checkbox"/> DELETE | 6.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | VALDES, PLANO B                     | 6.2 NAME  |   |
| STREET ADDRESS             | 702 N FRANKLIN STREET               | 6.3 STREET ADDRESS                                    |   |
| CITY - ST - ZIP            | TAMPA FL                            | 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: \_\_\_\_\_ DATE: \_\_\_\_\_ DAYTIME PHONE: \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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. Leparc, M.D.  
3602 Spectrum Boulevard  
Tampa, Florida 33612
- D Leo B. Matti  
Asthma & Allergy Foundation  
3100 East Fletcher Avenue  
Tampa, Florida 33613