

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 23, 1999 8:00 am
Secretary of State

03-23-1999 90051 009 ****61.25

DOCUMENT # N50067

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



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified
07/27/1992

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

4. FEI Number
59-3145469

Applied For
Not Applicable

23 City & State

27 City & State

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

24 Zip 25 Country

28 Zip 29 Country

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

10. Name and Address of New 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

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE CD ☐ DELETE
NAME HALE, WILLIAM E
STREET ADDRESS 207 JEFFORDS STREET
CITY-ST-ZIP CLEARWATER FL

1.1 TITLE IPCD ☒ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE D ☒ DELETE
NAME LEONARD, JAMES B
STREET ADDRESS 251 PINE ROAD
CITY-ST-ZIP CLEARWATER FL

2.1 TITLE TD ☐ Change ☒ Addition
2.2 NAME STILES, CHRISTOPHER S.
2.3 STREET ADDRESS 319 RAFAEL BLVD NE
2.4 CITY-ST-ZIP ST. PETERSBURG, FL 33704

TITLE D ☒ DELETE
NAME ALLEN, MARY W
STREET ADDRESS 4001 ALABAMA AVENUE NE
CITY-ST-ZIP ST PETERSBURG FL 33703

3.1 TITLE SD ☐ Change ☒ Addition
3.2 NAME ROSENBLUM, BARBARA
3.3 STREET ADDRESS SEVEN AMBLESIDE DRIVE
3.4 CITY-ST-ZIP BELLEAIR, FL 34616

TITLE D ☒ DELETE
NAME HAMILTON, JOHN W
STREET ADDRESS 175 FIFTH STREET NORTH
CITY-ST-ZIP ST PETERSBURG FL 33703

4.1 TITLE PD ☐ Change ☒ Addition
4.2 NAME LEPARC, GERMAN F MD
4.3 STREET ADDRESS P.O. BOX 2125
4.4 CITY-ST-ZIP TAMPA, FL 33601

TITLE D ☒ DELETE
NAME HARKINS, HAROLD L
STREET ADDRESS 2803 WEST BUSCH BLVD SUITE 103
CITY-ST-ZIP TAMPA FL 33618

5.1 TITLE VCD ☐ Change ☒ Addition
5.2 NAME KEHM, MARTHA L
5.3 STREET ADDRESS CJM PROPERTY SERVICES, INC P.O. BOX 870
5.4 CITY-ST-ZIP ST PETERSBURG, FL 33731

TITLE DVC ☐ DELETE
NAME VALDES, PLANO B
STREET ADDRESS 702 N FRANKLIN STREET
CITY-ST-ZIP TAMPA FL

6.1 TITLE CD ☒ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037_ (11/98)