

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 02, 2005 8:00 am
Secretary of State

02-02-2005 90050 024 ****61.25

DOCUMENT # N50067

1. Entity Name

FLORIDA BLOOD SERVICES, INC.



Principal Place of Business

10100 9TH ST N
SAINT PETERSBURG FL 33716
US

Mailing Address

P.O. BOX 22500
ST PETERSBURG FL 33742
US

2. Principal Place of Business

10100 DR. MARTIN LUTHER KING, JR. ST. N.

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

ST. PETERSBURG, FL

City & State

Zip

33716

Country

Country

4. FEI Number

59-3145469

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2005

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE C ☐ Delete
NAME STAGG, LAWRENCE
STREET ADDRESS PO BOX 3273
CITY-ST-ZIP TAMPA FL 33601

TITLE IPC ☐ Delete
NAME CHRISTOPHER, STILES S
STREET ADDRESS 319 RAFAEL BLVD, NE
CITY-ST-ZIP ST. PETE FL 33704

TITLE T ☐ Delete
NAME DAMSKER, BENJAMIN
STREET ADDRESS 6735 CROSSWINDS DRIVE N.
CITY-ST-ZIP SAINT PETERSBURG FL 33710

TITLE PD ☐ Delete
NAME LEPARC, GERMAN F MD
STREET ADDRESS PO BOX 2125
CITY-ST-ZIP TAMPA FL 33601

TITLE S ☐ Delete
NAME CUNNINGHAM, LYNN
STREET ADDRESS 8716 MCADAM PLACE
CITY-ST-ZIP TAMPA FL 33634

TITLE VC ☐ Delete
NAME HAYDON, ROGERS
STREET ADDRESS 15500 ROOSEVELT BLVD, STE 303
CITY-ST-ZIP CLEARWATER FL 33760

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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NAME
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CITY-ST-ZIP

12. 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 report or supplemental 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 10 or Block 11 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

DONALD D. DODDING, CEO

1/20/05

(717) 568-5433

Date

Day/Time Phone #