2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT DOCUMENT # N50067 1. Entity Name

FILED Feb 13, 2006 8:00 am Secretary of State

02-13-2006 90015 032 ****61.25

FLORIDA	A BLOOD SERVICES, INC.									
Principal Place of Business 10100 DR MARTIN LUTHER KING IR STR NORTH SAINT PETERSBURG, FL 33716 US		Mailing Address P.O. BOX 22500 ST PETERSBURG, FL 33	742 US		(111 771 1)		~ .:	III EIRII EIRII J	LIBINGI DI IBBI	
2. Principal Place of Business		3. Mailing Address		-						
Suite, Apt. #, etc.		Suite, Apt. #, etc.			01052006	Chg-NP	CR2E0	37 (11/05)	
City & State		City & State			4. FEI Number 59-3145			\rightarrow	Applied For Not Applicable	
Zip	Country	Zip	Country		5. Certificate o	f Status Desired		\$8.75 A Fee Requi		
6. Name and Address of Current Registered Agent					7. Name and A	ddress of New I	legistered.	Agent		
MARQUARDT, EMIL C., JR.			Name	Name						
	ELAND STREET		Street	Address (F	P.O. Box Number	is Not Acceptabl	e)			
CLEARWATER, FL 34615									· · · ·	
	. 4		City				FL	Zip Co	xde	
8. The above named entity submits this statement for the purpose of changing its register				or registere	ed agent, or both	, in the State of Flo	orida. Lam	familiar wit	h, and accept	
the obligations of registered agent.										
SIGNATURE										
		A 5111 0				Τ				
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution.			\$5.00 May Be Added to Fees Make check payable to Florida Department of State					
					\$5.00 May Be Added to Fees					
10.	Due by May 1, 2006 OFFICERS AND DIR	Trust Fund Co		L. A	Added to Fees DDITIONS/CHAI		rida Depar	tment of	State	
TITLE	Due by May 1, 2006 OFFICERS AND DIR	Trust Fund Co	ntribution.	IPC	Added to Fees DDITIONS/CHAP	Flor	rida Depar	tment of	State IN 10	
TITLE NAME	OFFICERS AND DIRI	Trust Fund Co	11. IIILE NAME	IPC LAV	Added to Fees DDITIONS/CHAI	Flor	rida Depar	RECTORS	State IN 10	
TITLE NAME STREET ADDRESS	OFFICERS AND DIRI C STAGG, LAWRENCE PO BOX 3273	Trust Fund Co	11. TITLE NAME STREET ADDRESS	IPC LAV PO	Added to Fees DDITIONS/CHAP ALENCE 5- BOX 3213	Flor	rida Depar	RECTORS	State IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS AND DIRI C STAGG, LAWRENCE PO BOX 3273 TAMPA, FL 33601	Trust Fund Co	11. TITLE NAME STREET ADDRESS CITY-ST-ZIP	IPC LAV PO TA.	Added to Fees DDITIONS/CHAI	Flor	rida Depar	RECTORS	State IN 10 Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	OFFICERS AND DIRI C STAGG, LAWRENCE PO BOX 3273 TAMPA, FL 33601 IPC	Trust Fund Co	11. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	IPC LAV PO TA.	Added to Fees DDITIONS/CHAP ARENCE 5- BOX 3273 MCA, FL 3	Flor	rida Depar	RECTORS	State IN 10 Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS AND DIRI C STAGG, LAWRENCE PO BOX 3273 TAMPA, FL 33601	Trust Fund Co	11. TITLE NAME STREET ADDRESS CITY-ST-ZIP	IPC LAV PO TA.	Added to Fees DDITIONS/CHAI LEVE 5- BOX 3213 MIA, FL 3 BERTKE	Flow NGES TO OFFICE SACC	rida Depar	RECTORS	State IN 10 Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	OFFICERS AND DIRI C STAGG, LAWRENCE PO BOX 3273 TAMPA, FL 33601 IPC CHRISTOPHER, STILES S	Trust Fund Co	11. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	IPC LAV PO TA. VC ROY Z96	Added to Fees DDITIONS/CHAI LEVE 5- BOX 3213 MIA, FL 3 BERTKE	Flow NGES TO OFFICE TAGG 1360 !	rida Depar	RECTORS	State IN 10 Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	OFFICERS AND DIRI C STAGG, LAWRENCE PO BOX 3273 TAMPA, FL 33601 IPC CHRISTOPHER, STILES S 319 RAFAEL BLVD, NE	Trust Fund Co	11. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	IPC LAV PO TA. VC ROY Z96	Added to Fees DDITIONS/CHAI ALENCE S- BOX 3273 MIA, FL 3 BERTKE 2 STOCKU	Flow NGES TO OFFICE TAGG 1360 !	rida Depar	RECTORS	State IN 10 Addition	
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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

(727) 568-5433