


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 22, 2007 8:00 am**  
**Secretary of State**

01-22-2007 90083 017 \*\*\*\*61.25

<b>DOCUMENT # N50067</b> 1. Entity Name <b>FLORIDA BLOOD SERVICES, INC.</b>					
Principal Place of Business <b>10100 DR MARTIN LUTHER KING JR STR NORTH SAINT PETERSBURG, FL 33716 US</b>			Mailing Address <b>P.O. BOX 22500 ST PETERSBURG, FL 33742 US</b>		
2. Principal Place of Business - No P.O. Box #  Suite, Apt. #, etc.		3. Mailing Address  Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number <b>59-3145469</b>	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent  <b>MARQUARDT, EMIL C., JR. 400 CLEVELAND STREET SUITE 800 CLEARWATER, FL 34615</b>				7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) City	
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 _____ (NOTE: Registered Agent signature required when reinstating)					
<b>Filing Fee is \$61.25 Due by May 1, 2007</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
Make check payable to <b>Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	IPC STAGG, LAWRENCE PO BOX 3273 TAMPA, FL 33601	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VC BERTKE, ROY 2962 STOCKWOOD DR CLEARWATER, FL 33761	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S CLARKE, RICK 201 5TH AVE DR E BRADENTON, FL 34208	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD POPPRIDGE, DONALD 10100 DR M.L.K JR ST N. SAINT PETERSBURG, FL 33716	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T CUNNINGHAM, LYNN 9620 GREEN NEEDLE DR NEW PORT RICHEY, FL 34655	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C HAYDON, ROGERS 15500 ROOSEVELT BLVD, STE 303 CLEARWATER, FL 33760	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CLARKE, RICK				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	POPPRIDGE, DONALD				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TREASURER HAROLD L. HARKINS, JR 2803 WEST BUSH BLVD TAMPA, FL 33618				
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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.					
<b>SIGNATURE:</b> <i>Donald O. Poppridge</i>		1/12/07 (727) 568-5433			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DONALD POPPRIDGE		Date Daytime Phone #			

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