

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 22, 2008 8:00 am
Secretary of State

01-22-2008 90082 037 ****61.25

DOCUMENT # N50067

1. Entity Name
FLORIDA BLOOD SERVICES, INC.



Principal Place of Business
**10100 DR MARTIN LUTHER KING JR STR NORTH
SAINT PETERSBURG, FL 33716 US**

Mailing Address
**P.O. BOX 22500
ST PETERSBURG, FL 33742 US**

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01142008 Chg-NP CR2E037 (12/06)

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

**Filing Fee is \$61.25
Due by May 1, 2008**

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 **IPC** ☒ Delete
NAME **STAGG, LAWRENCE**
STREET ADDRESS **PO BOX 3273**
CITY-ST-ZIP **TAMPA, FL 33601**

TITLE **VC** ☐ Delete
NAME **BERTKE, ROY**
STREET ADDRESS **2962 STOCKWOOD DR**
CITY-ST-ZIP **CLEARWATER, FL 33761**

TITLE **S** ☐ Delete
NAME **CLARKE, DICK**
STREET ADDRESS **201 5TH AVE DR E**
CITY-ST-ZIP **BRADENTON, FL 34208**

TITLE **PD** ☐ Delete
NAME **DODDRIDGE, DONALD**
STREET ADDRESS **10100 DR M.L.K JR ST N.**
CITY-ST-ZIP **SAINT PETERSBURG, FL 33716**

TITLE **T** ☐ Delete
NAME **HAWKINS, HAROLD JR**
STREET ADDRESS **2805 WEST BUSCH BLVD**
CITY-ST-ZIP **TAMPA, FL 33618**

TITLE **C** ☐ 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 **SECRETARY** ☐ Change ☒ Addition
NAME **ERIK MATHENEY**
STREET ADDRESS **101 EAST KENNEDY BLVD, STE 3700**
CITY-ST-ZIP **TAMPA, FL 33601**

TITLE **CHAIRMAN** ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **VICE CHAIRMAN** ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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

TITLE **IMMEDIATE PAST CHAIRMAN** ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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.

SIGNATURE:

Donald P. Doddridge
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/14/08

727-5685433
Daytime Phone #

DONALD P. DODDRIDGE