

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N50067

FILED
Jan 19, 2009
Secretary of State

Entity Name: FLORIDA BLOOD SERVICES, INC.

Current Principal Place of Business:

10100 DR MARTIN LUTHER KING JR STR NORTH
SAINT PETERSBURG, FL 33716 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 22500
ST PETERSBURG, FL 33742 US

New Mailing Address:

FEI Number: 59-3145469

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: C () Delete
Name: BERTKE, ROY
Address: 2962 STOCKWOOD DR
City-St-Zip: CLEARWATER, FL 33761

Title: VC () Delete
Name: CLARKE, DICK
Address: 201 5TH AVE DR E
City-St-Zip: BRADENTON, FL 34208

Title: PD () Delete
Name: DODDRIDGE, DONALD
Address: 10100 DR M.L.K JR ST N.
City-St-Zip: SAINT PETERSBURG, FL 33716

Title: T () Delete
Name: HAWKINS, HAROLD G JR
Address: 2805 WEST BUSCH BLVD
City-St-Zip: TAMPA, FL 33618

Title: IPC () Delete
Name: HAYDON, ROGERS
Address: 15500 ROOSEVELT BLVD, STE 303
City-St-Zip: CLEARWATER, FL 33760

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: SEC () Change (X) Addition
Name: MATHENEY, ERIK
Address: 101 EAST KENNEDY BLVD, SUITE 3700
City-St-Zip: TAMPA, FL 33601

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: T HARRY LINN

DIR

01/19/2009

Electronic Signature of Signing Officer or Director

Date