

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N50067

FILED  
Jan 06, 2010  
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: IPC  
Name: BERTKE, ROY  
Address: 2962 STOCKWOOD DR  
City-St-Zip: CLEARWATER, FL 33761

Title: VC  
Name: WINDHAM, JOHN  
Address: 501 COMMENDENCIA STREET  
City-St-Zip: PENSACOLA, FL 32502

Title: PD  
Name: DODDRIDGE, DONALD D  
Address: 10100 DR MARTIN LUTHER KING JR ST N.  
City-St-Zip: SAINT PETERSBURG, FL 33716

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

Title: C  
Name: STILES, CHRISTOPHER  
Address: 319 RAFAEL BOULEVARD NE  
City-St-Zip: ST PETERSBURG, FL 33704

Title: SEC  
Name: HAMILTON, JOHN  
Address: 8229 EAGLES PARK DRIVE N  
City-St-Zip: ST PETERSBURG, FL 33709

I hereby 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 all other like empowered.

SIGNATURE: DONALD D DODDRIDGE

PD

01/06/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date