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NONPROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N96000006581

1. Corporation Name
HEMOPHILIA FOUNDATION OF GREATER FLORIDA, INC.

Principal Place of Business	Mailing Address
5104 N. ORANGE BLOSSOM TRAIL. STE. 217 ORLANDO FL 32810	5104 N. ORANGE BLOSSOM TRAIL. STE. 217 ORLANDO FL 32810

2. Principal Place of Business
21 4210 N.W. 37th PL.
22 Suite 200
23 Gainesville, FL.
24 Zip 32606 25 Country USA

2a. Mailing Address
26 4210 N.W. 37th PL.
27 Suite 200
28 Gainesville, FL.
29 Zip 32606 30 Country USA

3. Date Incorporated or Qualifed
12/27/1996

4. FEI Number
59-3418827
☐ Applied For
☐ Not Applicable

5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent

BEDELL, WANDA
~~2170 BENT OAK DRIVE STE 100~~
~~APOPKA FL 32712~~

10. Name and Address of New Registered Agent

81 Name Bedell, Wanda (same)
82 Street Address (P.O. Box Number is Not Acceptable) 4210 N.W. 37th PL., Su. 200
83
84 City Gainesville, FL 85 Zip Code 32606

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE Wanda H Bedell (Wanda H. Bedell) 4-20-99
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BEDELL, WANDA ~~5104 N. ORANGE BLOSSOM TR., STE. 217~~ ~~ORLANDO FL 32810~~	☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	D/VP Wanda Bedell 4210 N.W. 37th PL., Su. 200 Gainesville, FL. 32606 ☐ Change address ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D DAWSON, MYRA ~~5104 N. ORANGE BLOSSOM TRAIL, STE. 217~~ ~~ORLANDO FL 32810~~	☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	D/P Dawson, Myra 4210 N.W. 37th PL., Su 200 Gainesville, FL. 32606 ☐ Change address ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D CIALONE, DONNA 5104 N. ORANGE BLOSSOM TRAIL, STE. 217 ORLANDO FL 32810	☑ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4. CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	4.1 TITLE / 4. 2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	D Shumate, James 4210 N.W. 37th PL., Su. 200 Gainesville, FL 32606 ☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	☐ Change ☐ Addition

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Wanda H Bedell SIGNATURE REQUIRED 4-20-99 1(800)293-6527
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
Wanda H. Bedell

CR2E037 (11/98)