2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 17, 2001 8:00 am
Secretary of State
05-17-2001 90372 001 ****61.25

0220301

DOCUMENT # N96000006581

1. Entity Name

HEMOPHILIA FOUNDATION OF GREATER FLORIDA, INC.

Principal Place of Business	Mailing Address
4210 NW 37TH PL STE 200 GAINESVILLE FL 32606	4210 NW 37TH PL STE 200 GAINESVILLE FL 32606

550850

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
1350 N. ORANGE AVE	1350 N. ORANGE
Suite, Apt. #, etc.: SUITE 227	Suite, Apt. #, etc.: SUITE 227
City & State: ~~Winter Park~~ ~~ORLAND~~, FL	City & State: ~~Winter Park~~ ~~ORLAND~~ FL
Zip: 32789 Country: USA	Zip: 32789 Country: USA

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

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
BEDELL, WANDA 4210 NW 37TH PL STE 200 GAINESVILLE FL 32606	Name: Francine G. Haynes Street Address (P.O. Box Number is Not Acceptable): 1350 N. Orange Ave, Suite 227 City: Winter Park FL Zip Code: 32789

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.

SIGNATURE: Francine G. Haynes — Francine G. Haynes — 5/07/01
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS $61.25	9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees	Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DVP BEDELL, WANDA 4210 NW 37TH PL STE 200 GAINESVILLE FL 32606	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DP DAWSON, MYRA 4210 NW 37TH PL STE 200 GAINESVILLE FL 32606	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Vice President of Board of Directors ☒ Change ☐ Addition 2176 BENT OAK DRIVE APOPKA FL 32712
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD BURGESON, BARBARA 4210 NW 37TH PL STE 200 GAINESVILLE FL 32606	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition 3295 66TH ST S.W. NAPLES FL 34105
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD SHINHOLSER, JIM 4210 NW 37TH PL STE 200 GAINESVILLE FL 32606	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition 1903 BENT OAK DRIVE APOPKA FL 32712
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	~~DIRECTOR~~ ~~MARINA MARTINEZ~~ ~~243 EASTON CIR.~~ ~~OVIEDO, FL~~	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DIRECTOR MARINA MARTINEZ 243 EASTON CIR OVIEDO FL 32765 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

CR2E037 (10/00)

12. 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 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: Jim Shinholser Jim Shinholser 5/9/01 407-523-7585