

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000005944

FILED  
Jan 19, 2009  
Secretary of State

**Entity Name:** TRANSFUSION MEDICINE SPECIALISTS, INC.

**Current Principal Place of Business:**

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

**New Principal Place of Business:**

**Current Mailing Address:**

P O BOX 22500  
ST PETERSBURG, FL 33742

**New Mailing Address:**

**FEI Number:** 59-3488972

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

MARQUARDT, EMIL C JR  
MACFARLANE FERGUSON & MCMULLEN  
625 COURT STREET, 2ND FLOOR  
CLEARWATER, FL 33756 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: CD ( ) Delete  
Name: VALDES, PLANO B ED.D.  
Address: 3602 SPECTRUM BLVD.  
City-St-Zip: TAMP, FL 33612

Title: TD ( ) Delete  
Name: STILES, CHRISTOPHER S  
Address: 319 RAFAEL BLVD., NE  
City-St-Zip: ST. PETERSBURG, FL 33704

Title: PD ( ) Delete  
Name: LEPARC, GERMAN F MD  
Address: 3606 SPECTRUM BLVD.  
City-St-Zip: TAMPA, FL 33612

Title: VCD ( ) Delete  
Name: KEHM, MARTHA L  
Address: 3606 SPECTRUM BLVD.  
City-St-Zip: TAMPA, FL 33612

Title: SD ( ) Delete  
Name: BOSENBLUM, BARBARA  
Address: SEVEN AMBLESIDE DRIVE  
City-St-Zip: BELLEAIR, FL 34616

Title: IPCD ( ) Delete  
Name: HALE, WILLIAM E MD  
Address: 207 JEFFORDS STREET  
City-St-Zip: CLEARWATER, FL 33756

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

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