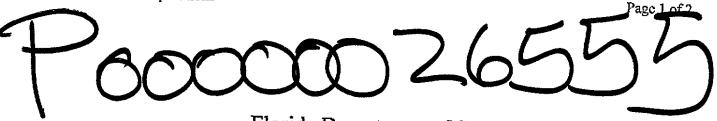
FROM : LUSKÝ & MOTOPA.

PHONE NO. : 305 446 1205

-Oct. 04 2000 12:03PM P1

Division of Corporations



Florida Department of State

Division of Corporations
Public Access System
Katherine Harris, Secretary of State

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(((H00000052000 7)))

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To:

Division of Corporations

Fax Number : (850) 922-4000

From:

Account Name : JEFFREY LUSKY & ASSOCIATES, PA

Account Number: 110331002052 Phone: (305)446-1245 Fax Number: (305)446-1205

RECEIVED
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01VISION OF CORPORATIONS

REGISTERED AGENT CHANGE

NATIONAL BLOOD CENTER, INC.

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\$35.00

ARDY OF



October 4, 2000

NATIONAL BLOOD CENTER, INC. 955 N.W. 3RD ST., SUITE 200 MIAMI, FL 33128

SUBJECT: NATIONAL BLOOD CENTER, INC.

REF: P00000026555

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The FAX audit number must be on the top and bottom of each page of the document.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 487-6880.

Karen Gibson Corporate Specialist FAX Aud. #: H00000052000 Letter Number: 700A00052565 CLORIDA DEPARTMEN

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Socretary of State

October 3, 2000

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NATIONAL BLOOD CENTER, INC. 955 N.W. 3RD ST., SUITE 200 MIAMI, FL 33128

SUBJECT: NATIONAL BLOOD CENTER, INC.

REF: P00000026555

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The application/form submitted does not meet the requirements of this office; please complete the attached application/form.

A CHANGE OF REGISTERED AGENT MUST BE SUBMITTED, NOT A DESIGNATION.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 487-6880.

Karen Gibson Corporate Specialist FAX Aud. #: H00000052000 Letter Number: 300A00052316

(Ho00000 52000 7) STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, the undersigned corporation organized under the laws of the State of Florida Statutes, submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.
1. The name of the corporation: National Blood Leuter, Inc.
2. The mailing address of the corporation: 965 NW 3 rd Street, Stc 200
Mami, FL 33128
3. Date of incorporation/qualification: 3 14 2000 Document number: P000000 26555
4. The name and address of the current registered agent and office:
Eduardo Cantera Egg 8
1762 Coral Way
5. The name and address of the new registered agent (if changed) and/or registered office (if changed): (P. O. Box Not Acceptable)
5. The name and address of the new registered agent (if changed) and/or registered office (if changed):
Lusey & Motola, P.A.
301 Almeria. Avenue, Suite 345
Coval Gables, FL 33134
The street address of its registered office and the street address of the business office of its registered agent, as changed, will be identical.
Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board.
(Signature of an officer, chairman of vice chairman of the board) (Date)
B. Motolal - Attroney-in-fact for Eduardo Contierrez, President
(Printed or typed name and title)
Having been named as registered agent and to accept service of process for the above stated corporation, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent.
10 4 00
(Signature of Registered Agent) (Date)
If signing on behalf of an entity: Bernardo Motola Attorney/Director
(Typed or Printed Name) (Capacity)

* * * FILING FEE: \$35.00 * * *