

FROM : LUSKY & MOTOPA.

PHONE NO. : 305 446 1205

Oct. 04 2000 12:03PM P1

Division of Corporations

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Florida Department of State
Division of Corporations
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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

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NATIONAL BLOOD CENTER, INC.

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FROM : LUSKY & MOTOPR.
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PHONE NO. : 305 446 1205
10/04/00 11:36 PM Dept of State p1 /1

Oct. 04 2000 12:04PM P3



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State

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. #: B00000052000
Letter Number: 700A00052565

FROM : LUSKY & MOTOPA,
850/487-6013

PHONE NO. : 305 446 1205

Oct. 04 2000 09:06AM P3

10/03/00 11:02 Fl Dept of State p1 /1



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State

October 3, 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 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

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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 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 Center, Inc.

2. The mailing address of the corporation : 955 NW 3rd Street, St 200
Miami, FL 33128

3. Date of incorporation/qualification: 3/14/2000 Document number: P00000026555

4. The name and address of the current registered agent and office:

Eduardo Cañtera

1762 Coral Way

Miami, FL 33145

5. The name and address of the new registered agent (if changed) and/or registered office (if changed):
(P. O. Box Not Acceptable)

Lusky & Motola, P.A.

301 Almeria Avenue, Suite 345

Coral 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]
(Signature of an officer, chairman or vice chairman of the board)

10/4/00
(Date)

B. Motola - Attorney-in-fact for Eduardo Gutierrez, 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.

[Signature]
(Signature of Registered Agent)

10/4/00
(Date)

If signing on behalf of an entity:

Bernardo Motola
(Typed or Printed Name)

Attorney/Director
(Capacity)

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

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