

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 13, 2002 8:00 am
Secretary of State

05-13-2002 90147 026 ***150.00

DOCUMENT # P00000070009

1. Entity Name

National Blood Services Co, Inc.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

4119 N. State Road #7

Suite, Apt. #, etc.

#9117

City & State

Fort Lauderdale, FL

Zip

33319

Country

USA

3. Mailing Address

4119 N. State Road #7

Suite, Apt. #, etc.

#9117

City & State

Fort Lauderdale FL

Zip

33319

Country

USA

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4. FEI Number

65-1025994

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

Stuart M. Smith, Esq.

Street Address (P.O. Box Number is Not Acceptable)

633 S.E. 3rd Avenue / Suite 301

City

Fort Lauderdale

FL

Zip Code

33301

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

Stuart M. Smith
Signature, typed or printed name of registered agent and title if applicable.

Stuart M. Smith

4/25/02

(NOTE: Registered Agent signature required when registering)

DATE

9. This corporation is eligible to satisfy its intangible
Tax filing requirement and elects to do so.
(See criteria on back)

☐

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution.

☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE

NAME

STREET ADDRESS

CITY-STATE-ZIP

Charles S. Friedson, P.D.
4119 N. State Road #7 / #9117
Fort Lauderdale, FL 33319

TITLE

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**DO NOT WRITE
IN THIS SPACE**

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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 607, Florida Statutes, and that my name appears in Block 11 or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Daytime Phone #

4/25/02 (954) 943-4996

CR2E034B (12/01)