

2012 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P11000001712

FILED
Mar 14, 2012
Secretary of State

Entity Name: RENOVATION BLOOD CENTER, CORP.

Current Principal Place of Business:

14505 COMMERCE WAY
#550
MIAMI LAKES, FL 33016

New Principal Place of Business:

Current Mailing Address:

14505 COMMERCE WAY
#550
MIAMI LAKES, FL 33016

New Mailing Address:

FEI Number: 27-4594965

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

TOLEDO, AYMEE
14505 COMMERCE WAY
#550
MIAMI LAKES, FL 33016 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: P
Name: TOLEDO, AYMEE
Address: 14505 COMMERCE WAY, STE 550
City-St-Zip: MIAMI LAKES, FL 33016

Title: T
Name: HERNANDEZ, DANIEL
Address: 14505 COMMERCE WAY, STE 550
City-St-Zip: MIAMI LAKES, FL 33016

Title: VP
Name: TOLEDO, AZANELLY
Address: 14505 COMMERCE WAY, STE 550
City-St-Zip: MIAMI LAKES, FL 33016

Title: VP
Name: TOLEDO, SUNELLY
Address: 14505 COMMERCE WAY, STE 550
City-St-Zip: MIAMI LAKES, FL 33016

I hereby 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 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: AYMEE TOLEDO

P

03/14/2012

Electronic Signature of Signing Officer or Director

Date