FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT

1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 APR 17 PM 11:27

DOCUMENT # **P94000060627 (4)**

1. Corporation Name

CASH BLOOD BANK, OF WEST PALM BEACH, INC.

Principal Place of Business	Mailing Address
10796 LA REINA RD. DELRAY BEACH FL 33446	10796 LA REINA RD. DELRAY BEACH FL 33446

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 08/15/1994
3a. Date of Last Report:

2. Principal Place of Business	2a. Mailing Address
21 2505 BROADWAY	26 2380 HAMMONDVILLE Rd.
22 Suite, Apt. #, etc.	27 SUITE 3
23 City & State: WEST PALM BEACH FL	28 POMPANO BEACH FL
24 Zip	25 Country: U.S.
	29 Zip: 33069
	30 Country: US

4. FEI Number: 65-0441209 — ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

NOLAN, WENDY
10796 LA REINA RD.
DELRAY BEACH FL 33446

10. Name and Address of New Registered Agent

81 Name: BRUCE C. ROSETTO
82 Street Address (P.O. Box Number is Not Acceptable): 2380 HAMMONDVILLE Rd.
83 SUITE 3
84 City: POMPANO BEACH FL 85 Zip Code: 33069

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: [signature] PRESIDENT — DATE: 4/19/95
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	11 TITLE	PRESIDENT	☒ Change ☐ Addition
NAME	NOLAN, WENDY	12 NAME	BRUCE C. ROSETTO	
STREET ADDRESS	10796 LA REINA RD.	13 STREET ADDRESS	2380 HAMMONDVILLE Rd.	
CITY-ST-ZIP	DELRAY BEACH FL 33446	14 CITY-ST-ZIP	POMPANO BEACH, FL. 33069	
TITLE		21 TITLE	CHIEF OPERATING OFFICER	☐ Change ☒ Addition
NAME		22 NAME	MOGENS WASSERMANN	
STREET ADDRESS		23 STREET ADDRESS	2380 HAMMONDVILLE Rd.	
CITY-ST-ZIP		24 CITY-ST-ZIP	POMPANO BEACH FL 33069	
TITLE		31 TITLE		☐ Change ☐ Addition
NAME		32 NAME		
STREET ADDRESS		33 STREET ADDRESS		
CITY-ST-ZIP		34 CITY-ST-ZIP		
TITLE		41 TITLE		☐ Change ☐ Addition
NAME		42 NAME		
STREET ADDRESS		43 STREET ADDRESS		
CITY-ST-ZIP		44 CITY-ST-ZIP		
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY-ST-ZIP		54 CITY-ST-ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		64 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report/supplemental annual 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 12 or Block 13 if changed or added to the report with an address.

SIGNATURE: [signature] — PRES. — 305-975-5867
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
BRUCE C. ROSETTO

0093306 CP