FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **P94000060627 (4)**

1. Corporation Name
CASH BLOOD BANK, OF WEST PALM BEACH, INC.

Principal Place of Business
2505 BROADWAY
WEST PALM BEACH FL 33446
US

Mailing Address
2380 HAMMONDVILLE RD.
SUITE 3
POMPANO BEACH FL 33069
US

3. Date Incorporated or Qualified: 08/15/1994
3a. Date of Last Report: 04/17/1995

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26 748 N. FLAGLER DR.
Suite, Apt. #, etc.
27
City & State
28 FT. LAUDERDALE, FL.
Zip 29 33301 Country 30

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
ROSSETTO, BRUCE C
2380 HAMMONDVILLE RD.
SUITE 3
POMPANO BEACH FL 33069

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

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 — NOTE: Registered Agent signature required when resigning — DATE

12. OFFICERS AND DIRECTORS

TITLE	P ☐ DELETE
NAME	ROSETTO, BRUCE C
STREET ADDRESS	2380 HAMMONDVILLE RD.
CITY-ST-ZIP	POMPANO BEACH FL
TITLE	COO ☐ DELETE
NAME	WASSERMANN, MOGENS
STREET ADDRESS	2380 HAMMONDVILLE RD.
CITY-ST-ZIP	POMPANO BEACH FL
TITLE	☐ DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	☒ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	748 N. FLAGLER DRIVE
1.4 CITY-ST-ZIP	FT. LAUDERDALE, FL 33301
2.1 TITLE	☒ Change ☐ Addition
2.2 NAME	
2.3 STREET ADDRESS	748 N. FLAGLER DRIVE
2.4 CITY-ST-ZIP	FT. LAUDERDALE, FL 33301
3.1 TITLE	☐ Change ☐ Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	☐ Change ☐ Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	☐ Change ☐ Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	☐ Change ☐ Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 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)(k), Florida Statutes. I further certify that the information indicated on this annual report or 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 on an attachment with an address.

SIGNATURE: 1/19/96
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Bruce C. Rossetto

CR2E034 (12/95)