

Department of State Division of Corporations P. O. Box 6327 Tallahassee, FL 32314

SUBJECT:

500001917576 -08/09/96--01026--002 *****78.75 *****78.75

	(Proposed corporate	name - must include suffix)		
for:	—	opy of the articles of incorporation a	ind a check	
Filing Fee	KX 478.75 Filing Fee & Certificate	#131.25 Filing Fee Filing Fee, & Certified Copy & Certified Copy & Certificate Additional Copy Required	96 AUG SECRETAS TALLAHAS	<u>-17</u>
FR	OM:	Remote typeo!		
	Hemo Bi	ologics International, Inc. Flagler Drive	3: 29 STATE LORIDA	
	•	Address		
•"		Ft. Lauderdale. FL 33304 Cky, State & Zip 954-523-8999		
	954-			
	Daytim	e Telephone number		

Ft. Pierce Blood Bank, Inc.

NOTE: Please provide the original and one copy of the articles.

ARTICLES OF INCORPORATION

The undersigned incorporator(s), for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopt(s) the following Articles of Incorporation.

ARTICLE I NAME

The name of the corporation shall be:

Pt. Pierce Blood Bank, Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be:

Pelican Center .
Suite 11
729 North Fourth Street
Fort Pierce, FL 33450

ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:

1000 shares at no par value

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS The name and address of the initial registered agent is:

Bruce C. Rosetto 748 Flagler Drive Ft. Lauderdale, FL 33304

ARTICLE V INCORPORATOR(S)

See instructions for officers/directors

The name(s) and street address(cs) of the incorporator(s) to these Articles of Incorporation is(are):

Bruce C. Rometto 748 N. Fingler Drive Pt. Lauderdale, FL 33304

The undersigned day of	Λ	executed these Articles of . 19 <u>26</u> .	Incorporation thi
(An additional art	icle must be added if an c	ffective date is requested.)	• .
	2011	7	
	Bo (456	Signature	
•	Bruce C. Rosetto	Signature	
		Signature	
•		Signature	

Notarization is not required

NOTE: Affixing an officer title after a signature of an incorporator does not constitute the designation of officers.

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

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PURSUANT TO THE PROVISIONS OF SECTION 607.0501, FLORIDA STATUTES, THE UNDERSIGNED CORNELATION, ORGANIZED UNDER THE LAWS OF THE STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

1.	The name of the corporation is:	Fr. Pierce Blood Bank, Inc.			
				ន្ល	
2. The same as	The viame and address of the region	d address of the registered agent and office is:		8-5ft	FILE
		Bruce C. Rosetto		FH ::	,
		(NAME)		: 29	
	(P.O. Bo	ox or Mail Drop Box NOT ACCEPTABLE)			
		Ft. Lauderdale, FL 33304	·		
		(CITY/STATE/ZIP)			

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this certificate, 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 relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Bruce C. Rosetto (SIGNATURE) (DATE)