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FLORIDA DIVISION OF CORPORATIONS PUBLIC ACCESS SYSTEM ELECTRONIC FILING COVER SHEET

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DIVISION OF CORPORATIONS TO:

FAX #: (850)922-4001

FROM: ACKERMAN, LINK & SARTORY, P.A.

ACCT#: 110435002274

CONTACT: WENDY S LINK PHONE: (561)838-4100

FAX #: (561)838-5305

NAME: SOUTH FLORIDA COMMUNITY BLOOD CENTERS, INC.

AUDIT NUMBER..... H98000011317

DOC TYPE.....FLORIDA PROFIT CORPORATION OR P.A.

CERT. OF STATUS...0

PAGES..... 3

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AUDIT NUMBER ON THE TOP AND BOTTOM OF ALL PAGES OF THE DOCUMENT

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ARTICLES OF INCORPORATION

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OF

SOUTH FLORIDA COMMUNITY BLOOD CENTERS, INC.

ARTICLE I NAME

The name of the corporation is South Florida Community Blood Centers, Inc.

ARTICLE II **DURATION**

The corporation shall have a perpetual existence,

ARTICLE III **PURPOSE**

The corporation is organized for the purpose of transacting any and all lawful business.

ARTICLE IV **ADDRESS**

The principal place of business of the corporation shall be:

933 45th Street West Palm Beach, Florida 33407

The street address of the corporation shall be:

933 45th Street West Palm Beach, Florida 33407

ARTICLE V CAPITAL STOCK

The corporation is authorized to issue one hundred (100) shares of \$.01 par value per share common stock

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Wendy Sartory Link, Esq. Florida Bar No. 0000670 Ackerman, Link & Sartory, P.A. 222 Lakeview Avenue, Suite 1330 West Palm Beach, Florida 33401 (561) 838-4100

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ARTICLE VI INITIAL REGISTERED OFFICE AND AGENT

The street address of the initial registered office and the name of the initial registered agent of the corporation is:

> John H. Flynn 933 45th Street West Palm Beach, Florida 33407

> > ARTICLE VII INCORPORATOR(S)

The name and address of the incorporator signing these Articles is:

John H, Flynn 933 45th Street West Palm Beach, Florida 33407

ARTICLE VIII **INDEMNIFICATION**

The corporation shall indemnify any officer or director, or any former officer or director, to the fullest extent permitted by law.

IN WITNESS WHEREOF, the undersigned has set his hand on this day of June, 1998.

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CERTIFICATE DESIGNATING PLACE OF BUSINESS OR DOMICILE FOR THE SERVICE OF PROCESS WITHIN THIS STATE, NAMING AGENT UPON WHOM PROCESS MAY BE SERVED

The following is submitted in accordance with the requirements of Chapter 48.091, Florida Statutes:

South Florida Community Blood Centers, desiring to organize under the laws of the State of Florida with its registered office address, as indicated in the Articles of Incorporation, as 933 45th Street, West Palm Beach, Florida 33407, has named John H. Flynn as its agent to accept service of process within this State.

ACKNOWLEDGMENT

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 to act in this capacity and agree to comply with the provisions of Chapter 48.091, F.S., relative to keeping open said office.

day of June, 1998.

John H. Phynn

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