2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000054392

Entity Name: SOUTH FLORIDA COMMUNITY BLOOD CENTERS, INC.

FILED Apr 28, 2004 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

933 45TH STREET

WEST PALM BEACH, FL 33407

3451 NORTHLAKE BLVD
LAKE PARK, FL 33403

Current Mailing Address: New Mailing Address:

933 45TH STREET 3451 NORTHLAKE BLVD WEST PALM BEACH, FL 33407 LAKE PARK, FL 33403

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired (X)

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

FLYNN, JOHN H
933 45TH STREET
3451 NORTHLAKE BLVD
WEST PALM BEACH, FL 33407 US
LAKE PARK, FL 33403 US

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: 04/28/2004

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P () Delete Title: P (X) Change () Addition

 Name:
 FLYNN, JOHN H
 Name:
 FLYNN, JOHN H

 Address:
 933 45 ST
 Address:
 3451 NORTHLAKE BLVD

 City-St-Zip:
 WPB, FL 33407
 City-St-Zip:
 LAKE PARK, FL 33403

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: JOHN H. FLYNN P 04/28/2004