

Amended
FILED

03 DEC 10 AM 11:51

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # V33394			
1. Entity Name AUTOTRANSFUSION PROFESSIONALS INCORPORATED			
Principal Place of Business 14120 HARPERS FERRY STREET DAVIE, FL 33325		Mailing Address 207 STRATFORD DRIVE JAMAICA, VA 23079	
2. Principal Place of Business 7061 W Commercial Blvd Suite, Apt. #, etc. 5L		3. Mailing Address 7061 W Commercial Blvd Suite, Apt. #, etc. 5L	
City & State TAMARAC, FL		City & State TAMARAC, FL	
Zip 33319	Country USA	Zip 33319	Country USA
6. Name and Address of Current Registered Agent INGRAM, JOHN M 14120 HARPERS FERRY ST. DAVIE, FL 33325		7. Name and Address of New Registered Agent Name: <u>LINDA DIAMOND</u> Street Address (P.O. Box Number is Not Acceptable) <u>6707 Southport Dr</u> <u>Boynton Beach</u> City <u>FL</u> Zip Code <u>33437</u>	
8. 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. I am familiar with, and accept the obligations of, registered agent. SIGNATURE: <u>Linda C Diamond</u> DATE: <u>12/8/03</u> Signature, typed or printed name of registered agent and use if applicable. (NOTE: Registered Agent's signature required when resigning)			
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Amended UBR is \$61.25 Make Check Payable to Florida Department of State		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P INGRAM, JOHN M. 14120 HARPERS FERRY STREET DAVIE, FL 33325	TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Linda C Diamond 7061 W. Commercial Blvd (5L) TAMARAC, FL 33319
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECRETARY LINDA DIAMOND 7061 W. Commercial Blvd (5L) TAMARAC, FL 33319
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12. I hereby certify that the information supplied with this filing does not qualify 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 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE: <u>Linda C Diamond</u>		12/8/03 954-722-5440	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	

CR2034 (10/02)