

**2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N50067

Entity Name: ONEBLOOD, INC.

**Current Principal Place of Business:**

8669 COMMODITY CIRCLE  
ORLANDO, FL 32819

**Current Mailing Address:**

8669 COMMODITY CIRCLE  
ORLANDO, FL 32819 US

FEI Number: 59-3145469

Certificate of Status Desired: No

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

F & L CORP.  
ONE INDEPENDENT DR STE 1300  
JACKSONVILLE, FL 32202-5017 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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**Officer/Director Detail :**

Title CD  
Name WALSH, RICHARD J  
Address 8669 COMMODITY CIRCLE  
City-State-Zip: ORLANDO FL 32819

Title CEO  
Name DODDRIDGE, DONALD D  
Address 8669 COMMODITY CIRCLE  
City-State-Zip: ORLANDO FL 32819

Title STD  
Name STILES, CHRISTOPHER S  
Address 8669 COMMODITY CIRCLE  
City-State-Zip: ORLANDO FL 32819

Title CIO  
Name SCHOLL, GEORGE  
Address 8669 COMMODITY CIRCLE  
City-State-Zip: ORLANDO FL 32819

Title CFO  
Name MURPHY, JOHN  
Address 8669 COMMODITY CIRCLE  
City-State-Zip: ORLANDO FL 32819

Title DIRECTOR  
Name BIEBERBACH, WILLIAM H  
Address 8669 COMMODITY CIRCLE  
City-State-Zip: ORLANDO FL 32819

Title DIRECTOR  
Name JENNINGS, TONI  
Address 8669 COMMODITY CIRCLE  
City-State-Zip: ORLANDO FL 32819

Title DIRECTOR  
Name WINDHAM, JOHN  
Address 8669 COMMODITY CIRCLE  
City-State-Zip: ORLANDO FL 32819

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*I hereby 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 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

SIGNATURE: DONALD D. DODDRIDGE

CEO

02/16/2015

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

Title DIRECTOR  
Name BENZ, JOHN  
Address 8669 COMMODITY CIRCLE  
City-State-Zip: ORLANDO FL 32819

Title DIRECTOR  
Name FISCHLER, ABRAHAM DR.  
Address 8669 COMMODITY CIRCLE  
City-State-Zip: ORLANDO FL 32819

Title DIRECTOR  
Name ALEMAN, RALPH  
Address 8669 COMMODITY CIRCLE  
City-State-Zip: ORLANDO FL 32819

Title DIRECTOR  
Name LANGFORD, W. ALLEN  
Address 8669 COMMODITY CIRCLE  
City-State-Zip: ORLANDO FL 32819