

2021 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000094929

Entity Name: CU BLOOD, INC.**Current Principal Place of Business:**555 WINDERLEY PLACE
SUITE 300
MAITLAND, FL 32751**Current Mailing Address:**555 WINDERLEY PLACE
SUITE 300
MAITLAND, FL 32751 US**FEI Number: 11-3723078****Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**ERNST, MICHAEL T
1627 ELIZABETH'S WALK
WINTER PARK, FL 32789 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	PRES
Name	GUINDI, EDWARD S DR.
Address	678 OSCEOLA AVE.
City-State-Zip:	WINTER PARK FL 32789

Title	CFO
Name	ERNST, MICHAEL T
Address	1627 ELIZABETH'S WALK
City-State-Zip:	WINTER PARK FL 32789

Title	DIRE
Name	BECHTEL, CAROLYN
Address	80 CENTRAL PARK WEST, #10C
City-State-Zip:	NEW YORK NY 10023

Title	DIRE
Name	HALEY, MICHAEL W
Address	12121 WEST END
City-State-Zip:	NORTH PALM BEACH FL 33408

Title	DIRECTOR
Name	PARKER, DAVID
Address	5152 EDGEWOOD DRIVE SUITE 375
City-State-Zip:	PROVO UT 84604

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

SIGNATURE: MICHAEL ERNST**EVP AND CFO****05/26/2021**_____
Electronic Signature of Signing Officer/Director Detail_____
Date