

**2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P10000086697

**Entity Name:** U.S. BLOOD BANK SYSTEMS, INC

**FILED**  
**Apr 12, 2014**  
**Secretary of State**  
**CC6628382629**

**Current Principal Place of Business:**

% ENRIQUE I. SOTOLONGO  
1800 SW 27TH AVE - STE. 300  
MIAMI, FL 33145

**Current Mailing Address:**

% ENRIQUE I. SOTOLONGO  
1800 SW 27TH AVE - STE. 300  
MIAMI, FL 33145

**FEI Number: 27-3731959**

**Certificate of Status Desired: No**

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

SOTOLONGO, ENRIQUE I  
2400 NW 95TH AVE  
DORAL, FL 33172 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 PD  
Name SOTOLONGO, ENRIQUE I  
Address 2400 NW 95TH AVE  
City-State-Zip: DORAL FL 33172

Title SD  
Name ROSES, JOSEPH  
Address 1800 SW 27TH AVE - STE. 300  
City-State-Zip: MIAMI FL 33145

Title T  
Name HERNANDEZ, JORGE L  
Address 2400 NW 95TH AVE  
City-State-Zip: DORAL FL 33172

*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: ENRIQUE SOTOLONGO**

**PRESIDENT**

**04/12/2014**

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

\_\_\_\_\_  
Date