

2019 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F01000004484

Entity Name: CSL PLASMA INC.**Current Principal Place of Business:**900 BROKEN SOUND PARKWAY
STE 400
BOCA RATON, FL 33487**Current Mailing Address:**900 BROKEN SOUND PARKWAY
STE 400
BOCA RATON, FL 33487 US**FEI Number:** 74-2967974**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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	DIRECTOR
Name	ROMBERG, VAL
Address	900 BROKEN SOUND PARKWAY STE 400
City-State-Zip:	BOCA RATON FL 33487

Title	DIRECTOR
Name	LEVY, JOHN
Address	900 BROKEN SOUND PARKWAY STE 400
City-State-Zip:	BOCA RATON FL 33487

Title	SECRETARY
Name	BOSS, GREG
Address	900 BROKEN SOUND PARKWAY STE 400
City-State-Zip:	BOCA RATON FL 33487

Title	TREASURER / CFO
Name	LAWLER, ROBERT
Address	900 BROKEN SOUND PARKWAY STE 400
City-State-Zip:	BOCA RATON FL 33487

Title	PRESIDENT / CEO
Name	DEEM, MIKE
Address	900 BROKEN SOUND PARKWAY STE 400
City-State-Zip:	BOCA RATON FL 33487

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: ROBERT LAWLER

TREASURER / CFO

03/18/2019

Electronic Signature of Signing Officer/Director Detail_____
Date