

2019 FOREIGN PROFIT CORPORATION AMENDED 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 MCKENZIE, PAUL
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 SHANE, CHRISTOPHER
Address 900 BROKEN SOUND PARKWAY
STE 400
City-State-Zip: BOCA RATON FL 33487

Title PRESIDENT / CEO
Name SHELANSKEY, CRAIG
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: CHRISTOPHER SHANE

TREASURER/CFO

10/03/2019

Electronic Signature of Signing Officer/Director Detail

_____ Date