

**2023 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            PRESIDENT  
Name            MEYER, MICHELLE  
Address        900 BROKEN SOUND PARKWAY  
                  STE 400  
City-State-Zip: BOCA RATON FL 33487

Title            TREASURER  
Name            GENCO, JOSEPH  
Address        900 BROKEN SOUND PARKWAY  
                  STE 400  
City-State-Zip: BOCA RATON FL 33487

Title            DIRECTOR  
Name            LEVY, JOHN  
Address        1020 FIRST AVE  
City-State-Zip: KING OF PRUSSIA PA 19406

Title            DIRECTOR  
Name            MCKENZIE, PAUL  
Address        1020 FIRST AVE  
City-State-Zip: KING OF PRUSSIA PA 19406

Title            SECRETARY  
Name            BOSS, GREG  
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:** GREG BOSS

**SECRETARY**

**03/01/2023**

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

\_\_\_\_\_  
Date