

**2020 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

05/30/2020

Electronic Signature of Signing Officer/Director Detail

Date