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C T CORPORATION SYSTEM

Requestor's Name
660 East Jefferson Street

Address
Tallahassee, FL 32301 (850)222-1092
City State Zip Phone

300003125673 -- 5
-02/07/00--01091--010
*****70.00 *****70.00

CORPORATION(S) NAME

CF - 1,150

300003125673 -- 5
-03/10/00--01111--010
***1150.00 ***1150.00

Total Blood Management, Inc

- Profit
- NonProfit
- Limited Liability Company
- Foreign
- Limited Partnership
- Reinstatement
- Limited Liability Partnership
- Certified Copy
- Call When Ready
- Walk In
- Mail Out
- Amendment
- Merger
- Dissolution/Withdrawal
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- Call if Problem
- Will Wait
- Other
- Change of Name
- Fictitious Name
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- Pick Up

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Name Availability
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THANKS !

CONNIE ZIEGLER
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

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RECEIVED
00 FEB -7 PM 12: 13



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State

February 8, 2000

C T CORPORATION SYSTEM

TALLAHASSEE, FL

SUBJECT: TOTAL BLOOD MANAGEMENT, INC.
Ref. Number: W00000003374

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DIVISION OF CORPORATIONS
MAR 12 7 11 PM '00

We have received your document for TOTAL BLOOD MANAGEMENT, INC. and your check(s) totaling \$70.00. However, the document has not been filed and is being retained in this office for the following:

Please note that we have RETAINED your \$70.00 filing fee.

The application indicates that this corporation began transacting business in Florida on April 1, 1999. If that is so, then penalty fees are owed.

Pursuant to section 607.1502(4), 617.1502(4) or 608.502(4), Florida Statutes, this office collects a civil penalty of \$1000 for each year this entity transacted business or conducted its affairs in Florida prior to qualification and the appropriate annual report/uniform business report fees that would have been due this office had the entity qualified the year it began operations in this state. The amount due this office to cover both annual report/uniform business report and penalty fees is \$1,150.00.

If you have any questions concerning the filing of your document, please call (850) 487-6914.

Buck Kohr
Corporate Specialist

Letter Number: 700A00006286

3/10

* Please backdate filing
February 7th.

RECEIVED
00 MAR 10 AM 11:02
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

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JAN 27 2 29 PM '00

1. Total Blood Management Inc.

(Name of corporation; must include the word "INCORPORATED", "COMPANY", "CORPORATION" or words or abbreviations of like import in language as will clearly indicate that it is a corporation instead of a natural person or partnership if not so contained in the name at present.)

2. Delaware

(State or country under the law of which it is incorporated)

3. 94-393652

(FEI number, if applicable)

4. December 20, 1993

(Date of incorporation)

5. Perpetual

(Duration: Year corp. will cease to exist or "perpetual")

6. April 1, 1999

(Date first transacted business in Florida.) (SEE SECTIONS 607.1501, 607.1502 and 817.155, F.S.)

7. 2238 Bay Ridge Avenue

Annapolis, Maryland 21403

(Current mailing address)

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8. Blood conservation and related supplies

(Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)

9. Name and street address of Florida registered agent: (P.O. Box or Mail Drop Box NOT acceptable)

Name: C T Corporation System

Office Address: 1200 South Pine Island Road

Plantation

, Florida, 33324

(Zip code)

10. Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

C T Corporation System

Kevin J. Gallagher
(Registered agent's signature)

KEVIN J. GALLAGHER
ASSISTANT VICE PRESIDENT

11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

12. Names and addresses of officers and/or directors: (Street address ONLY - P.O. Box NOT acceptable)

A. DIRECTORS (Street address only - P.O. Box NOT acceptable)

Chairman: C. William Reed

Address: 2551 Cheval Drive
Davidsonville, Maryland 21035

Vice Chairman: N/A

Address: _____

Director: Charles R. Follet

Address: 108 Camelot Circle
Panama City, FL 32405

Director: James A. Depew

Address: 8120 Oakleigh Road
Baltimore, Maryland 21234

B. OFFICERS (Street address only - P.O. Box NOT acceptable)

President: C. William Reed

Address: 2551 Cheval Drive
Davidsonville, Maryland 21035

Vice President: Charles R. Follet

Address: 108 Camelot Circle
Panama City, FL 32405

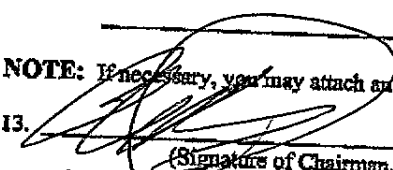
Secretary: James A. Depew

Address: 8120 Oakleigh Road
Baltimore, Maryland 21035

Treasurer: N/A

Address: _____

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13. 
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14. C. William Reed, President and Chief Executive Officer
(Typed or printed name and capacity of person signing application)

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State of Delaware
Office of the Secretary of State

I, EDWARD J. FREEL, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "TOTAL BLOOD MANAGEMENT, INC." IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE FOURTH DAY OF FEBRUARY, A.D. 2000.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE BEEN PAID TO DATE.

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Edward J. Freel

Edward J. Freel, Secretary of State

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AUTHENTICATION:

02-04-00

DATE: