

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 11, 2002 8:00 am
Secretary of State

09-11-2002 90080 039 ***550.00

DOCUMENT # F0000001313

1. Entity Name
TOTAL BLOOD MANAGEMENT, INC.

Principal Place of Business

2238 BAY RIDGE AVENUE
 ANAPOLIS MD 21403

Mailing Address

2238 BAY RIDGE AVENUE
 ANAPOLIS MD 21403

2. Principal Place of Business

1438 Defense Hwy

Suite, Apt. #, etc.

Suite LL

City & State

Gambrills, MD

Zip 21054

Country AA

3. Mailing Address

1438 Defense Hwy

Suite, Apt. #, etc.

Suite LL

City & State

Gambrills, MD

Zip 21054

Country AA



DO NOT WRITE IN THIS SPACE

4. FEI Number

94-3193652

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
 1200 SOUTH PINE ISLAND ROAD
 PLANTATION FL 33324

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

FILE NOW!!! FEE IS \$550.00
After September 13, 2002 Fee will be \$750.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	PCD	<input type="checkbox"/> Delete
NAME	REED, C. WILLIAM	
STREET ADDRESS	2238 BAY RIDGE AVENUE	1438 Defense Hwy
CITY-ST-ZIP	ANAPOLIS MD 21403	Gambrills, MD 21054

TITLE	VD	<input type="checkbox"/> Delete
NAME	FULLET, CHARLES R	
STREET ADDRESS	108 CAMELOT CIRCLE	
CITY-ST-ZIP	PANAMA CITY FL 32405	

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
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TITLE		<input type="checkbox"/> Delete
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CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: SIC WILLIAM REED William Reed 9/10/02 410-451-9003
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (4/02)