

DEPARTMENT OF HEALTH AND HUMAN SERVICES
PUBLIC HEALTH SERVICE
FOOD AND DRUG ADMINISTRATION
BLOOD ESTABLISHMENT REGISTRATION AND PRODUCT LISTING

1. REGISTRATION NUMBER

FEI: 1000512128

CFN: 1061067

2. U.S. LICENSE NUMBER

228

3. REASON FOR SUBMISSION

- 1 ANNUAL REGISTRATION
- 2 INITIAL REGISTRATION
- 3 CHANGE IN INFORMATION

FOR FDA USE ONLY



DISTRICT OFFICE: Atlanta
VALIDATED BY FDA: 29-JUN-2009
PRINTED BY FDA: 29-JUN-2009

PLEASE READ INSTRUCTIONS CAREFULLY. Be sure to indicate any changes in your legal name or actual location in item 4, and any changes in your mailing address in item 6. Print all entries and make all corrections in red ink, if possible. Enter your phone number in item 8.3 and the phone number of your actual location in item 4.1. Sign the form and return to FDA. After validation, you will receive your Official Registration for the ensuing year.

This form is authorized by Sections 510(b), (j) and 704 of the Federal Food, Drug, and Cosmetic Act (Title 21, United States Code 360(b), (j) and 374). Failure to report this information is a violation of Section 301(f) and (p) of the Act (Title 21, United States Code 331(f) and (p)) and can result in a fine of up to \$1,000 or imprisonment up to one year or both, pursuant to Section 303(a) of the Act (Title 21, United States Code 33.3(a)).

ENTER ALL CHANGES IN RED INK AND CIRCLE.

4. LEGAL NAME AND LOCATION (Include legal name, number and street, city, state, country, and post office code)

Florida Blood Services, Inc.
1214 North Peterson Avenue
Suite N
Douglas, GA 31533

4.1 PHONE 912-383-7339

5. OTHER NAMES USED AT THIS LOCATION (Include trade name, doing-business-as, previous names, and other firms co-located. If applicable, include registration number.)

9. TYPE OF OWNERSHIP

- 1 SINGLE PROPRIETORSHIP
- 2 PARTNERSHIP
- 3 CORPORATION profit non-profit
- 4 COOPERATIVE ASSOCIATION
- 5 FEDERAL (non-military)
- 6 U.S. MILITARY
- 7 STATE
- 8 COUNTY/MUNICIPAL/HOSPITAL AUTHORITY
- 9 OTHER (Specify):

10. TYPE ESTABLISHMENT (Check all boxes that describe routine or autologous operations.)

- 1 COMMUNITY (NON-HOSPITAL) BLOOD BANK
- 2 HOSPITAL BLOOD BANK
- 3 PLASMAPHERESIS CENTER
- 4 PRODUCT TESTING LABORATORY
 - a. INDEPENDENT
 - ASSOCIATED W/ COMMUNITY or HOSPITAL BLOOD BANK
- 5 HOSPITAL TRANSFUSION SERVICE
 - a. APPROVED FOR MEDICARE REIMBURSEMENT
 - NOT APPROVED FOR MEDICARE REIMBURSEMENT
- 6 COMPONENT PREPARATION FACILITY
- 7 COLLECTION FACILITY
- 8 DISTRIBUTION CENTER
- 9 BROKER/WAREHOUSE
- 10 OTHER (Specify):

228
U.S. LICENSE NUMBER OF PARENT FIRM

6. MAILING ADDRESS OF REPORTING OFFICIAL (Include institution name if applicable, number and street, city, state, country, and post office code)

Florida Blood Services, Inc.
ATTN: Donald D. Doddridge
10100 Dr. Martin Luther King Jr St N
St. Petersburg, FL 33716-2806

7. U.S. AGENT (Include name, institution name if applicable, number and street, city, state, and zip code)

7.1 E-MAIL ADDRESS

7.2 PHONE

8. REPORTING OFFICIAL'S SIGNATURE

8.1 TYPED NAME Donald D. Doddridge

8.2 E-MAIL ADDRESS jsmith@fbsblood.org

8.3 PHONE 727-568-5433

8.4 DATE

11. PRODUCTS	ALLOGENEIC			AUTOLOGOUS			DIRECTED			COLLECT (.1)	MANUAL APHERESIS (.2)	AUTOMATED APHERESIS (.3)	PREPARE (.4)	LEUKOCYTES REDUCED (.5)	IRRADIATED (.6)	DONOR RETESTED (.7)	TEST (.8)	STORE and DISTRIBUTE to OTHERS (.9)
	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>															
WHOLE BLOOD									1	X								
RED BLOOD CELLS (RBC)									2									
RBC FROZEN									3									
RBC DEGLYCEROLIZED									4									
RBC REJUVENATED									5									
RBC REJUVENATED FROZEN									6									
RBC REJUVENATED DEGLYCEROLIZED									7									
CRYOPRECIPITATED AHF									8									
PLATELETS									9									
LEUKOCYTES/GRANULOCYTES									10									
PLASMA									11									
PLASMA CRYOPRECIPITATE REDUCED									12									
FRESH FROZEN PLASMA									13									
LIQUID PLASMA									14									
THERAPEUTIC EXCHANGE PLASMA									15									
SOURCE LEUKOCYTES									16									
SOURCE PLASMA									17									
RECOVERED PLASMA									18									
BLOOD PRODUCTS FOR DIAGNOSTIC USE									19									
BLOOD BANK REAGENTS									20									
OTHER									21									