

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

1. REGISTRATION NUMBER

FBI: 3007786894

CFN:

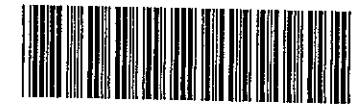
2. U.S. LICENSE NUMBER

228

3. REASON FOR SUBMISSION

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

FOR FDA USE ONLY



DISTRICT OFFICE: Florida
VALIDATED BY FDA: 26-AUG-2009
PRINTED BY FDA: 26-AUG-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.

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.
Tallahassee Memorial Hospital
1300 Miccosukee Road
Tallahassee, FL 32308

4.1 PHONE 850-877-7181

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.)

Tallahassee Memorial Hospital/Florida Blood Services

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

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

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)
WHOLE BLOOD				1								
RED BLOOD CELLS (RBC)				2				X			X	X
RBC FROZEN				3								X
RBC DEGLYCEROLIZED				4								
RBC REJUVENATED				5								X
RBC REJUVENATED FROZEN				6								
RBC REJUVENATED DEGLYCEROLIZED				7								
CRYOPRECIPITATED AHF				8								
PLATELETS				9								X
LEUKOCYTES/GRANULOCYTES				10								X
PLASMA				11								
PLASMA CRYOPRECIPITATE REDUCED				12								
FRESH FROZEN PLASMA				13								X
LIQUID PLASMA				14								X
THERAPEUTIC EXCHANGE PLASMA				15								
SOURCE LEUKOCYTES				16								
SOURCE PLASMA				17								
RECOVERED PLASMA				18								
BLOOD PRODUCTS FOR DIAGNOSTIC USE				19								
BLOOD BANK REAGENTS				20								
OTHER Platelets Washed				21			X					X
Red Blood Cells Washed							X					X