

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

1. REGISTRATION NUMBER  
FEI: 3004158212  
CFN:  
2. U.S. LICENSE NUMBER  
228

FOR FDA USE ONLY



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

3. REASON FOR SUBMISSION  
1.  ANNUAL REGISTRATION  
2.  INITIAL REGISTRATION  
3.  CHANGE IN INFORMATION

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.  
615 North Bonita Avenue  
Panama City, FL 32401

4.1 PHONE 850-747-6570

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.)

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

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
- 5.  HOSPITAL TRANSFUSION SERVICE
- 6.  ASSOCIATED W/ COMMUNITY or HOSPITAL BLOOD BANK
- 7.  APPROVED FOR MEDICARE REIMBURSEMENT
- 8.  NOT APPROVED FOR MEDICARE REIMBURSEMENT
- 9.  COMPONENT PREPARATION FACILITY
- 10.  COLLECTION FACILITY
- 11.  DISTRIBUTION CENTER
- 12.  BROKER/WAREHOUSE
- 13.  OTHER (Specify):

228  
U.S. LICENSE NUMBER OF PARENT FIRM

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