

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

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.
405 NE Racetrack Road, Suite 104
Ft. Walton Beach, FL 32547

4.1 PHONE 850-862-4216

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.)

Northwest Florida Blood Center of 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 33716-3806

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@flsblood.org
8.3 PHONE 727-568-5433 8.4 DATE

1. REGISTRATION NUMBER
FEI: 1000132464
CFN: 1056101
2. U.S. LICENSE NUMBER
228

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



DISTRICT OFFICE: Florida
VALIDATED BY FDA: 05-DEC-2009
PRINTED BY FDA: 09-1DEC-2009

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
 - a ASSOCIATED W/ COMMUNITY or HOSPITAL BLOOD BANK
- 5 HOSPITAL TRANSFUSION SERVICE
 - a APPROVED FOR MEDICARE REIMBURSEMENT
 - a NOT APPROVED FOR MEDICARE REIMBURSEMENT
- 6 COMPONENT PREPARATION FACILITY
- 7 COLLECTION FACILITY
- 8 DISTRIBUTION CENTER
- 9 BROKER/WAREHOUSE
- 10 OTHER (Specify) _____ U.S. LICENSE NUMBER OF PARENT FIRM _____

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) _____

11. PRODUCTS

ALLOGENEIC	AUTOLOGOUS	DIRECTED	COLLECT (1)	MANUAL APHERESIS (2)	AUTOMATED APHERESIS (3)	PREPARE LEUKOCYTES REDUCED (4)	IRRADIATED (5)	DONOR RETESTED (6)	TEST (7)	STORE and DISTRIBUTE to OTHERS (8)
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