

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

1. REGISTRATION NUMBER

FEI: 1070214

CFN: 1070214

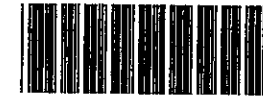
2. U.S. LICENSE NUMBER

1682

3. REASON FOR SUBMISSION

- ANNUAL REGISTRATION
- INITIAL REGISTRATION
- CHANGE IN INFORMATION

FOR FDA USE ONLY



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)).

DISTRICT OFFICE: Florida
VALIDATED BY FDA: 08-DEC-2007
PRINTED BY FDA: 17-DEC-2007

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's Blood Centers, Inc.
3451 Northlake Blvd.
Lake Park, FL 33403

4.1 PHONE 561-845-2323

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.)

Florida's Blood Center - Lake Park

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

Florida's Blood Centers, Inc.
ATTN: Michael L. Pratt, Executive VP, Technical Services
8669 Commodity Circle
Orlando, FL 32819

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 Michael L. Pratt, Executive VP, Technical Services

8.2 E-MAIL ADDRESS kthomas@floridasbloodcenters.org

8.3 PHONE (407) 248-5040

8.4 DATE

9. TYPE OF OWNERSHIP

- SINGLE PROPRIETORSHIP
- PARTNERSHIP
- CORPORATION profit non-profit
- COOPERATIVE ASSOCIATION
- FEDERAL (non-military)
- U.S. MILITARY
- STATE
- COUNTY/MUNICIPAL/HOSPITAL AUTHORITY
- OTHER (Specify):

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

- COMMUNITY (NON-HOSPITAL) BLOOD BANK
- HOSPITAL BLOOD BANK
- PLASMAPHERESIS CENTER
- PRODUCT TESTING LABORATORY
 - a. INDEPENDENT
 - ASSOCIATED W/ COMMUNITY or HOSPITAL BLOOD BANK
- HOSPITAL TRANSFUSION SERVICE
 - a. APPROVED FOR MEDICARE REIMBURSEMENT
 - NOT APPROVED FOR MEDICARE REIMBURSEMENT
- COMPONENT PREPARATION FACILITY
- COLLECTION FACILITY
- DISTRIBUTION CENTER
- BROKER/WAREHOUSE
- OTHER (Specify):

1682

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	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	1	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
RED BLOOD CELLS (RBC)				2		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
RBC FROZEN				3			<input checked="" type="checkbox"/>					<input checked="" type="checkbox"/>
RBC DEGLYCEROLIZED				4			<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
RBC REJUVENATED				5			<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
RBC REJUVENATED FROZEN				6			<input checked="" type="checkbox"/>				<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
RBC REJUVENATED DEGLYCEROLIZED				7			<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
CRYOPRECIPITATED AHF				8			<input checked="" type="checkbox"/>					<input checked="" type="checkbox"/>
PLATELETS				9		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>
LEUKOCYTES/GRANULOCYTES				10								<input checked="" type="checkbox"/>
PLASMA				11			<input checked="" type="checkbox"/>					<input checked="" type="checkbox"/>
PLASMA CRYOPRECIPITATE REDUCED				12			<input checked="" type="checkbox"/>					<input checked="" type="checkbox"/>
FRESH FROZEN PLASMA				13		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>					<input checked="" type="checkbox"/>
LIQUID PLASMA				14			<input checked="" type="checkbox"/>					<input checked="" type="checkbox"/>
THERAPEUTIC EXCHANGE PLASMA				15								
SOURCE LEUKOCYTES				16								
SOURCE PLASMA				17								
RECOVERED PLASMA				18			<input checked="" type="checkbox"/>				<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
BLOOD PRODUCTS FOR DIAGNOSTIC USE				19	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>					<input checked="" type="checkbox"/>
BLOOD BANK REAGENTS				20								<input checked="" type="checkbox"/>
OTHER				21								