

CENTERS FOR MEDICARE & MEDICAID SERVICES  
CLINICAL LABORATORY IMPROVEMENT AMENDMENTS  
CERTIFICATE OF ACCREDITATION

LABORATORY NAME AND ADDRESS  
FLORIDA'S BLOOD CENTERS INC  
TIMBER RIDGE TRANSFUSION SERVICE  
9521 SW HIGHWAY 200  
OCALA, FL 34481

CLIA ID NUMBER  
10D0293505

EFFECTIVE DATE  
07/27/2007

LABORATORY DIRECTOR  
RICHARD R GAMMON MD

EXPIRATION DATE  
07/26/2009

Pursuant to Section 353 of the Public Health Services Act (42 U.S.C. 263a) as revised by the Clinical Laboratory Improvement Amendments (CLIA), the above named laboratory located at the address shown hereon (and other approved locations) may accept human specimens for the purposes of performing laboratory examinations or procedures.

This certificate shall be valid until the expiration date above, but is subject to revocation, suspension, limitation, or other sanctions for violation of the Act or the regulations promulgated thereunder.



A handwritten signature in blue ink that reads "Judith A. Yost".

Judith A. Yost, Director  
Division of Laboratory Services  
Survey and Certification Group  
Center for Medicaid and State Operations