

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

1. REGISTRATION NUMBER
 FEI: 1051993
 CFN: 1051993
2. U.S. LICENSE NUMBER
 1288

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



FOR FDA USE ONLY
 DISTRICT OFFICE: Florida
 VALIDATED BY FDA: 02-DEC-2015
 PRINTED BY FDA: 22-DEC-2015

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 5. Print all entries and make all corrections in red ink, if possible. Enter your phone number in Item 6.3 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), (f) and 704 of the Federal Food, Drug, and Cosmetic Act (Title 21, United States Code 360(b), (f) 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 333(a)).

ENTER ALL CHANGES IN RED INK AND CIRCLE.

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

4. LEGAL NAME AND LOCATION (include legal name, number and street, city, state, country, and post office code)
 Suncoast Communities Blood Bank, Inc.
 1760 Mound Street
 Sarasota, FL 34236-7740

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
 INDEPENDENT
 ASSOCIATED W/ COMMUNITY or HOSPITAL BLOOD BANK
 HOSPITAL TRANSFUSION SERVICE
 APPROVED FOR MEDICARE REIMBURSEMENT
 NOT APPROVED FOR MEDICARE REIMBURSEMENT
 COMPONENT PREPARATION FACILITY
 COLLECTION FACILITY
 DISTRIBUTION CENTER
 BROKER/WAREHOUSE
 OTHER (Specify): _____
 U.S. LICENSE NUMBER OF PARENT FIRM: 1288

4.1 PHONE 941-954-1600

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)
 Suncoast Communities Blood Bank, Inc.
 ATTN: Scott M. Bush, CEO
 1760 Mound Street
 Sarasota, FL 34236-7740

7. U.S. AGENT (include name, institution name if applicable, number and street, city, state, and zip code)

7.1 EMAIL ADDRESS
 8.1 TYPED NAME Scott M. Bush, CEO
 8.2 EMAIL ADDRESS sbush@scsb.org
 8.3 PHONE 941-954-1600 x114
 8.4 DATE

8. REPORTING OFFICIAL'S SIGNATURE

11. PRODUCTS	COLLECT (1)	MANUAL APHERESIS (2)	AUTOMATED APHERESIS (3)	PREPARE (4)	LEUKOCYTES REDUCED (5)	IRRADIATED (6)	DONOR TESTED (7)	TEST (8)	STORE and DISTRIBUTION TO OTHERS (9)
ALLOGENIC AUTOLOGOUS DIRECTED									
WHOLE BLOOD	X								X
RED BLOOD CELLS (RBC)			X		X				X
RBC FROZEN									
RBC DEGLYCEROLIZED									
RBC RELEVANATED									
RBC RELEVANATED FROZEN									
RBC RELEVANATED DEGLYCEROLIZED									
CRYOPRECIPITATED AHP									
PLATELETS			X		X				X
LEUKOCYTES/GRANULOCYTES			X		X				X
PLASMA									
PLASMA CRYOPRECIPITATE REDUCED									X
FRESH FROZEN PLASMA					X				X
LIQUID PLASMA									X
THERAPEUTIC EXCHANGE PLASMA									
SOURCE LEUKOCYTES									X
SOURCE PLASMA									
RECOVERED PLASMA									X
BLOOD PRODUCTS FOR DIAGNOSTIC USE									
BLOOD BANK REAGENTS									
OTHER									