

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

1. REGISTRATION NUMBER
FEI: 3004498352
CFN:
2. U.S. LICENSE NUMBER
913

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



FOR FDA USE ONLY

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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 333(a)).

DISTRICT OFFICE: Florida
VALIDATED BY FDA: 18-NOV-2009
PRINTED BY FDA: 18-NOV-2009

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)

Community Blood Centers of South Florida, Inc.
12601 SW 125th Street
Miami, FL 33110-0001

4.1 PHONE 786-573-7201

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.)

South Miami Facility

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

Community Blood Centers of South Florida, Inc.
ATTN: Charles L. Rouault, M.D.
1700 N. State Road 7
Lauderhill, FL 33313-5097

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 Charles L. Rouault, M.D.
8.2 E-MAIL ADDRESS crouault@cbcsf.org
8.3 PHONE 954-735-9600

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
- 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):

913

U.S. LICENSE NUMBER OF PARENT FIRM

11. PRODUCTS	ALLOGENIC	AUTOLOGOUS	DIRECTED	COLLECT (1)	MANUAL APHERESIS (2)	AUTOMATED APHERESIS (3)	PREPARE (4)	LEUKOCYTES REDUCED (5)	IRRADIATED (6)	DONOR REJECTED (7)	TEST (8)	STORE and DISTRIBUTE to OTHERS (9)
WHOLE BLOOD	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>								<input checked="" type="checkbox"/>
RED BLOOD CELLS (RBC)	<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												<input checked="" type="checkbox"/>
RBC DEGLYCEROLIZED												<input checked="" type="checkbox"/>
RBC REJUVENATED												<input checked="" type="checkbox"/>
RBC REJUVENATED FROZEN												<input checked="" type="checkbox"/>
RBC REJUVENATED DEGLYCEROLIZED												<input checked="" type="checkbox"/>
CRYOPRECIPITATED AHF							<input checked="" type="checkbox"/>					<input checked="" type="checkbox"/>
PLATELETS						<input checked="" type="checkbox"/>	<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"/>				<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												
SOURCE LEUKOCYTES												
SOURCE PLASMA												
RECOVERED PLASMA							<input checked="" type="checkbox"/>					<input checked="" type="checkbox"/>
BLOOD PRODUCTS FOR DIAGNOSTIC USE												
BLOOD BANK REAGENTS												
OTHER												