

Information submitted via Top Hat Plan Statement Online Filing System to U. S.  
Department of Labor under 29 CFR 2520.104-23

Date Completed: 9/9/2025 2:25 PM EST

Confirmation Number: 15332

Amended Confirmation Number:

Employer Information

Name: LifeSouth Community Blood Centers, Inc.  
Address: 4039 Newberry Road  
City: Gainesville  
State: FL  
Zip Code: 32607

Plan Administrator Information

Name: LifeSouth Community Blood Centers, Inc.  
Address: 4039 Newberry Road  
City: Gainesville  
State: FL  
Zip Code: 32607  
Phone: 8887952707  
Email: llhernandez@lifesouth.org

Plan Information

Employer maintains the plan or plans below primarily for the purpose of providing deferred compensation for a select group of management or highly compensated employees.

ID:1	Plan Name: LifeSouth 457(b) Plan	Number of Employees: 10
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Additional Information:

LifeSouth 457(b) Plan Effective Date: October 1, 2025 # of all LifeSouth NQ Plans:  
1(this one) # of total eligible for this NQ plan: 10 # currently participating in this plan:  
0



U. S. Department of Labor  
Employee Benefits Security Administration  
Washington, DC 20210

This message confirms that the Department of Labor's (DOL's) Employee Benefits Security Administration (EBSA) has received the filing of your Top Hat Plan Statement. The confirmation code for your filing is 15332. When correcting errors to your filing, please use this code in your amended statement. This communication does not mean that DOL has made a determination that you are eligible to file under DOL regulation 29 CFR 2520.104-23.