DEPARTMENT OF HEALTH AND HUMAN SERVICES PUBLIC HEALTH SERVICE FOOD AND DRUG ADMINISTRATION BLOOD ESTABLISHMENT REGISTRATION AND PRODUCT LISTING FOR MANUFACTURERS OF BLOOD PRODUCTS AND LICENSED DEVICES	FEI: 1047134 DUNS: 926205279 U.S. License Number: 439	REASON FOR SUBMISSION Annual Registration	DISTRICT OFFICE:Florida VALIDATED BY FDA: 12/31/2024			
LEGAL NAME AND LOCATION: Continental Services Group, Inc. 2901 West Broward Boulevard Ft. Lauderdale, FL 33312 USA	REPORTING OFFICIAL: Cori D. Capik Continental Services Group, Inc. P.O. Box 420-950		U.S. AGENT:			
954-327-0809	Miami, FL 33242-0950 USA 305-633-7700 x238 quality@continentalblood.com					
OTHER NAMES USED IN THIS LOCATION: Continental Blood Bank; Continental Blood Center	TYPE OF OWNERSHIP: CORPORATION DONOR/RECIPIENT RELATIO ALLOGENIC	NSHIP:	ESTABLISHMENT TYPE: COLLECTION FACILITY; COMMUNITY (NON-HOSPITAL) BLOOD BANK; PLASMAPHERESIS CENTER			

PRODUCT	COLLECT	MANUAL APHERESIS	AUTOMATED APHERESIS	PREPARE	LEUKOCYTES REDUCED	IRRADIATED	DONOR RETESTED	TEST	STORE AND DISTRIBUTE TO OTHERS	BACTERIAL TESTING	PATHOGEN REDUCED	POOLED
WHOLE BLOOD	х								х			
RED BLOOD CELLS (RBC)				Х					х			
GRANULOCYTES				Х					х			
SOURCE LEUKOCYTES			Х	Х					х			
SOURCE PLASMA			Х						х			
RECOVERED PLASMA				Х					х			
BLOOD PRODUCTS FOR DIAGNOSTIC USE	Х			Х					Х			
BLOOD COMPONENTS FOR RESEARCH	х			Х					х			
RESEARCH BLOOD PRODUCTS FOR SALE	Х			Х					Х			

***** End Of Report *****