

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 709551

FILED
Apr 21, 2004
Secretary of State**Entity Name:** SUNCOAST COMMUNITIES BLOOD BANK, INC.**Current Principal Place of Business:**1760 MOUND ST.
SARASOTA, FL 34236**New Principal Place of Business:****Current Mailing Address:**1760 MOUND ST.
SARASOTA, FL 34236**New Mailing Address:****FEI Number:** 59-0873275**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**SEHEMBRI, JENIFER
240 S.PINEAPPLE AVE, 10TH FL
SARASOTA, FL 34236 US**Name and Address of New Registered Agent:**LPS CORPORATE SERVICES, INC.
46 NORTH WASHINGTON BOULEVARD
SUITE 1
SARASOTA, FL 34236 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: MICHAEL E. SIEGEL

04/21/2004

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: BUCK, JAMES J
Address: 5207 HIDDEN HARBOR RD
City-St-Zip: SARASOTA, FL 34242 US

Title: TD () Delete
Name: GUIDIDAS, FRANK R
Address: 2180 SHADOW OAKS RD
City-St-Zip: SARASOTA, FL 34240 US

Title: PPD () Delete
Name: TOALE, JAMES
Address: 22 TUTTLE AVE STE #3
City-St-Zip: SARASOTA, FL 34237 US

Title: PPD (X) Delete
Name: KNOWLES, CHARLES
Address: P.O. BOX 7
City-St-Zip: SARASOTA, FL 34230 US

Title: SD () Delete
Name: ROLLINGS, SANDRA
Address: 4567 CAMINO REAL
City-St-Zip: SARASOTA, FL 34231 US

Title: VPD () Delete
Name: WALLACE, DAVID
Address: P.O. BOX 3258
City-St-Zip: SARASOTA, FL 34230 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: TD (X) Change () Addition
Name: STRICKLAND, CAROLINE
Address: 1515 KENILWORTH STREET
City-St-Zip: SARASOTA, FL 34231 US

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CAROLINE STRICKLAND

TD

04/21/2004

Electronic Signature of Signing Officer or Director

Date