2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 29, 2006 8:00 am
Secretary of State
06-14-2006 90005 016 ****70.00

66021075

DOCUMENT # 712776

1. Entity Name
BLOOD CENTER OF THE ST. JOHNS, INC.

Principal Place of Business	Mailing Address
110 HEALTH PARK BLVD ST AUGUSTINE, FL 32086	110 HEALTH PARK BLVD ST AUGUSTINE, FL 32086

05052006 Chg-NP CR2E037 (4/06)

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 59-0752920 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
BAILEY, JOHN D JR 780 N PONCE DE LEON BLVD ST AUGUSTINE, FL 32084	Name: MALLOY, DALE R. Street Address (P.O. Box Number is Not Acceptable): 536 W 10th Street City: Jacksonville FL Zip Code: 32206

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE Dale R. Malloy, President Dale R Malloy (D Malloy) June 27, 2006
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $61.25
Due by September 6, 2006

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D PANTALEON, YANET 400 HEALTH PARK BLVD. SAINT AUGUSTINE, FL 32086	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P MALLOY, DALE R. 536 W 10th St JACKSONVILLE, FL 32206	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD DUKE, BORCHARDT 7 GRANDVIEW RD ST AUGUSTINE, FL	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD TUCKER, III, M.D., N.H. 2149 ST. JOHNS AVE JACKSONVILLE, FL 32204	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD BAILEY, JOHN D JR 780 N PONCE DE LEON BLVD ST. AUGUSTINE, FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BAILEY, JOHN D JR 780 N PONCE DE LEON BLVD ST AUGUSTINE, FL 32085	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD THOMAS, RAYMA 468 ARRICOLA AVE. ST. AUGUSTINE, FL 32080	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DC MAGUIRE, MICHAEL I. 1650 PRUDENTIAL DR SUITE 101 JACKSONVILLE, FL 32207	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CD BROWNING, JIM 110 HEATH PARK BLVD SAINT AUGUSTINE, FL 32086	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D FOUTS, ROY 2020 DUNA VISTA COURT ATLANTIC BEACH, FL 32233	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CEO NORRIS, JANE 110 HEALTH PARK BLVD SAINT AUGUSTINE, FL 32086	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VCD VAN NORTWICK, WM A. JR 1ST DISTRICT OF FLORIDA, 301 MLK JR BLVD TALLAHASSEE, FL 32399-1850	☐ Change ☒ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Dale R. Malloy President + CEO D Malloy (Dale R Malloy) 904-353-8263 6/27/06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

ATTACHMENT

66021095

June 27, 2006
2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT
Blood Center of the St. Johns
DOCUMENT # 712776

11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	D	☐ Change	☒ Addition
NAME	MILLER, JEREMY P.		
STREET ADDRESS	806 RIVERSIDE AVE		
CITY-ST-ZIP	JACKSONVILLE, FL 32203		
TITLE	D	☐ Change	☒ Addition
NAME	ROOT, MARY T.		
STREET ADDRESS	117 OSBORNE ST		
CITY-ST-ZIP	ST. MARYS, GA 31558		
TITLE	D	☐ Change	☒ Addition
NAME	PERRY, M.D., SHERYL		
STREET ADDRESS	5548 FAIR LANE DR		
CITY-ST-ZIP	JACKSONVILLE, FL 32244		
TITLE	D	☐ Change	☒ Addition
NAME	THREADCRAFT, Ph.D, MILTON H.		
STREET ADDRESS	3158 SECRET WOODS TRAIL W		
CITY-ST-ZIP	JACKSONVILLE, FL 32216		
TITLE	D	☐ Change	☒ Addition
NAME	BUCKLEY, M.D., JULIE A.		
STREET ADDRESS	5270 PALM VALLEY RD		
CITY-ST-ZIP	PONTE VEDRA BEACH, FL 32082		
TITLE	D	☐ Change	☒ Addition
NAME	BURNS, JR., WILLIAM S.		
STREET ADDRESS	ONE INDEPENDENT DR, SUITE 1900		
CITY-ST-ZIP	JACKSONVILLE, FL 32202		

11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	D	☐ Change	☒ Addition
NAME	MORALES, JORGE F.		
STREET ADDRESS	1650 PRUDENTIAL DR, SUITE 300		
CITY-ST-ZIP	JACKSONVILLE, FL 32207		
TITLE	D	☐ Change	☒ Addition
NAME	SIEGEL, M.D., STEVEN D.		
STREET ADDRESS	1801 BARRS ST		
CITY-ST-ZIP	JACKSONVILLE, FL 32204		
TITLE	D	☐ Change	☒ Addition
NAME	DURYEA, EDWARD		
STREET ADDRESS	3003 RIVERSIDE LN		
CITY-ST-ZIP	BEAUFORT, SC 29902		
TITLE	D	☐ Change	☒ Addition
NAME	SIM, EDWARD		
STREET ADDRESS	800 PRUDENTIAL DR		
CITY-ST-ZIP	JACKSONVILLE, FL 32207		
TITLE		☐ Change	☐ Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		☐ Change	☐ Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			