

2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N17000005642

Entity Name: COMMUNITY BLOOD HOLDINGS, INC.**Current Principal Place of Business:**726 NE 1ST ST
GAINESVILLE, FL 32601**Current Mailing Address:**726 NE 1ST ST
GAINESVILLE, FL 32601 US**FEI Number:** 82-1728681**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**HASWELL, JOHN ESQ
726 NE 1ST ST
GAINESVILLE, FL 32601 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:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**

Title	VP, D
Name	HASWELL, JOHN
Address	726 NE 1ST ST
City-State-Zip:	GAINESVILLE FL 32601

Title	P, D
Name	ELLIS, GEORGIANN
Address	200 PINEHURST POINTE DR
City-State-Zip:	ST. AUGUSTINE FL 32092

Title	D
Name	MARKEN, DOUG
Address	726 NE 1ST ST
City-State-Zip:	GAINESVILLE FL 32601

Title	S, T, D
Name	ECKERT, NANCY
Address	8409 SW3RD PLACE
City-State-Zip:	GAINESVILLE FL 32607

Title	D
Name	KELLY, JAMES
Address	UF HEALTH SHANDS 1515 SW ARCHER ROAD ROOM 2307
City-State-Zip:	GAINESVILLE FL 32608

Title	D
Name	FORD, RODNEY
Address	511 CEDAR WAXING DRIVE
City-State-Zip:	BRANDON FL 33510

Title	D
Name	KINSELL, KIMBERLY
Address	LIFESOUTH 4039 W. NEWBERRY ROAD
City-State-Zip:	GAINESVILLE FL 32607

I hereby 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 all other like empowered.

SIGNATURE: JOHN H. HASWELL

VP

03/16/2021

Electronic Signature of Signing Officer/Director Detail_____
Date