## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT# 594901** 

Entity Name: 1770 LAS OLAS CORPORATION

1365 R, SR 206 EAST

SAINT AUGUSTINE, FL 32086

Address: City-St-Zip: FILED Mar 16, 2009 Secretary of State

y	mer 1770 Blood Services	
Current P	rincipal Place of Business:	New Principal Place of Business:
	R 206 EAST GUSTINE, FL 32086	1365 R, SR 206 EAST LOT R SAINT AUGUSTINE, FL 32086
Current M	lailing Address:	New Mailing Address:
	R 206 EAST GUSTINE, FL 32086	1365 R, SR 206 EAST LOT R SAINT AUGUSTINE, FL 32086
FEI Number:	: 59-1870168 FEI Number Applied For ( )	FEI Number Not Applicable ( ) Certificate of Status Desired ( )
Name and Address of Current Registered Agent:		Name and Address of New Registered Agent:
HARRIS, J. R 1365-R SR 206 E ST.AUGUSTINE, FL 32086 US		HARRIS, J. R 1365-R SR 206 E LOT R ST.AUGUSTINE, FL 32086 US
	named entity submits this statement for the e of Florida.	e purpose of changing its registered office or registered agent, or both,
SIGNATURE:		03/16/2009
	Electronic Signature of Registered A	gent Date
Election Car	mpaign Financing Trust Fund Contribution ( ).	
OFFICER	S AND DIRECTORS:	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS
Title: Name: Address: City-St-Zip:	PD () Delete HARRIS, J ROGER 1365 R S R 206 E SAINT AUGUSTINE, FL 32086	Title: ( ) Change ( ) Addition Name: Address: City-St-Zip:
Title: Name: Address: City-St-Zip:	VD ( ) Delete HARRIS, JAY R 1365 R, SR 206 EAST SAINT AUGUSTINE, FL 32086	Title: ( ) Change ( ) Addition Name: Address: City-St-Zip:
Title: Name:	DST () Delete HARRIS, CAROL B	Title: ( ) Change( ) Addition Name:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

Address:

City-St-Zip:

SIGNATURE: J. ROGER HARRIS PD 03/16/2009