

FILE NOW: FILING FEE IS \$61.25

FILED

Feb 01, 1999 8:00am
Secretary of State

02-01-1999 90038 045 *****61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 730303

1. Corporation Name

SOUTHEASTERN COMMUNITY BLOOD CENTER, INC.

Principal Place of Business

1731 RIGGINS ROAD
TALLAHASSEE FL 32308

Mailing Address

1731 RIGGINS ROAD
TALLAHASSEE FL 32308



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

3. Date Incorporated or Qualified

07/26/1974

4. FEI Number
59-0708803

Applied For
Not Applicable

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

6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

DARIOTIS, JEANNE
1731 RIGGINS ROAD
TALLAHASSEE FL 32308

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE STD
NAME CARROLL, RICK
STREET ADDRESS 520 SHORT STREET
CITY-ST-ZIP TALLAHASSEE FL

TITLE CD
NAME PROCTOR, M. JULIAN JR.
STREET ADDRESS 1594 MARION AVE
CITY-ST-ZIP TALLAHASSEE FL

TITLE EXD
NAME DARIOTIS, JEANNE
STREET ADDRESS 1240 HODGES DRIVE
CITY-ST-ZIP TALLAHASSEE FL

TITLE D
NAME CRAIG, DAVID E.
STREET ADDRESS 3750 BOBBIN MIL ROAD
CITY-ST-ZIP TALLAHASSEE FL

TITLE D
NAME WOOD, THOMAS P.
STREET ADDRESS 3114 MIDDLEBROOKS CIRCLE
CITY-ST-ZIP TALLAHASSEE FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: JEANNE DARIOTIS
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Date: 1/15/99
Daytime Phone #: 850-877-7181

CR2E037 (11/98)