

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 730303

FILED
Mar 14, 2006
Secretary of State

Entity Name: SOUTHEASTERN COMMUNITY BLOOD CENTER, INC.

Current Principal Place of Business:

1731 RIGGINS ROAD
TALLAHASSEE, FL 32308

New Principal Place of Business:

Current Mailing Address:

1731 RIGGINS ROAD
TALLAHASSEE, FL 32308

New Mailing Address:

FEI Number: 59-0708803

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

JEANNE DARIOTIS
1731 RIGGINS ROAD
TALLAHASSEE, FL 32308 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: SEC () Delete
Name: BYRD, JEFF,
Address: 310 FOX RIDGE LANE
City-St-Zip: THOMASVILLE, GA 31792 US

Title: CD () Delete
Name: CARROLL, RICK,
Address: 520 SHORT STREET
City-St-Zip: TALLAHASSEE, FL 32308 US

Title: CEO () Delete
Name: DARIOTIS, JEANNE,
Address: 1731 RIGGINS ROAD
City-St-Zip: TALLAHASSEE, FL 32308 US

Title: TRS () Delete
Name: MAHONEY, JOHN,
Address: 2920 IVANHOE ROAD
City-St-Zip: TALLAHASSEE, FL 32312 US

Title: VCD () Delete
Name: BARNES, STAN,
Address: 2697 MILLSTONE PLANTATION ROAD
City-St-Zip: TALLAHASSEE, FL 32312 US

Title: D () Delete
Name: SCOTT, GREGORY V M.D.
Address: 3767 GREYFIELD DRIVE
City-St-Zip: TALLAHASSEE, FL 32311 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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:

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 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JEANNE DARIOTIS

CEO

03/14/2006

Electronic Signature of Signing Officer or Director

Date