2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 730303

FILED Feb 18, 2009 Secretary of State

Entity Name: SOUTHEASTERN COMMUNITY BLOOD CENTER, INC.

Current Principal Place of Business:			New Principal Place	New Principal Place of Business:	
	GINS ROAD ASSEE, FL 323	08			
Current Mailing Address:			New Mailing Addres	New Mailing Address:	
	GINS ROAD ASSEE, FL 323	08			
FEI Numbe	er: 59-0708803	FEI Number Applied For()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name an	d Address of C	Current Registered Agent:	Name and Address	of New Registered Agent:	
1731 RIG TALLAHA	S, JEANNE CE GINS ROAD ASSEE, FL 323	08 US			
	re named entity: ite of Florida.	submits this statement for the	purpose of changing its registere	ed office or registered agent, or both,	
SIGNATL					
	Electror	nic Signature of Registered Ag	ent	Date	
OFFICERS AND DIRECTORS:		ADDITIONS/CHANG	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS		
Title: Name: Address: City-St-Zip:	O'BRIEN, TIM 6523 AQUEDU		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	BARNES, STAN 2697 MILLSTO) Delete N CD NE PLANTATION ROAD E, FL 32312 US	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	DARIOTIS, JEA 1731 RIGGINS		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	DESLOGE, BR 3057 HAWKS (Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address:	BYRD, JEFF W 310 FOX RIDG		Title: Name: Address: City-St-Zip:	() Change () Addition	
City-St-Zip:			Title:	() Change () Addition	

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 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 02/18/2009