## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## **DOCUMENT# 733493**

FILED Feb 16, 2009 Secretary of State

Entity Name: THE FLORIDA ASSOCIATION OF BLOOD BANKS, INC.

Current Principal Place of Business: New Principal Place of Business:

10100 MARTIN LUTHER KING JR. STREET N 8669 COMMODITY CIRCLE SAINT PETERSBURG, FL 33716 ORLANDO, FL 32819

Current Mailing Address: New Mailing Address:

PO BOX 22500 8669 COMMODITY CIRCLE ST. PETERSBURG, FL 33742 ORLANDO, FL 32819

FEI Number: 59-6140079 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired (X)

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

HUEY, GUILDAY & TUCKER, P.A. 1983 CENTRE POINTE BLVD. SUITE 200 TALLAHASSEE, FL 32308 US

**OFFICERS AND DIRECTORS:** 

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

## Liectionic Signature of Registered /

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P () Delete Title: P (X) Change () Addition Name: SMITH, JUDY Name: GAMMON, RICHARD MD Address: 10100 DR. MARTIN LUTHER KING JR. ST. N. Address: 8669 COMMODITY CIRCLE City-St-Zip: ST, PETERSBURG, FL 33716 City-St-Zip: ORLANDO, FL 32819

Title: T ( ) Delete Title: T (X) Change ( ) Addition Name: MAGENHEIM, MARK MD Name: NENNSTIEL, DEBBIE

Name:MAGENHEIM, MARK MDName:NENNSTIEL, DEBBIEAddress:1760 MOUND ST.Address:1731 RIGGINS ROADCity-St-Zip:SARASOTA, FL 34236City-St-Zip:TALLAHASSEE, FL 32308

Title: PP ( ) Delete Title: PP (X) Change ( ) Addition Name: BELLIDO-PRICHARD, ALICIA Name: SMITH, JUDY

Address: 3200 LAKELAND HILLS BLVD Address: 10100 DR. MARTIN LUTHER KING, JR.

City-St-Zip: LAKELAND, FL 33805 City-St-Zip: ST. PETERSBURG, FL 33716

Title: D () Delete Title: S (X) Change () Addition
Name: GAMMON, RICHARD MD Name: COTTRELL, THERESA
Address: 9860 COMMODITY CIRCLE

 Address:
 8669 COMMODITY CIRCLE
 Address:
 4064 LONDON RD.

 City-St-Zip:
 ORLANDO, FL 32819
 City-St-Zip:
 JACKSONVILLE, FL 32207

Title: S () Delete Title: D (X) Change () Addition
Name: ROBERTS, BETTY Name: LOSA, NIEVES

Address: 1999 EAST NINE MILE ROAD Address: 1700 NORTH STATE ROAD 7
City-St-Zip: PENSACOLA, FL 32514 City-St-Zip: LAUDERHILL, FL 33313

Title: D ( ) Delete Title: ( ) Change ( ) Addition Name: KURELLA, TOM Name:

Address: 10100 DR. MARTIN LUTHER KING JR. ST. N. Address:
City-St-Zip: ST. PETERSBURG, FL 33716 City-St-Zip:

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: RICHARD R. GAMMON, MD P 02/16/2009