

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 733493

FILED  
Mar 01, 2010  
Secretary of State

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

**Current Principal Place of Business:**

8669 COMMODITY CIRCLE  
ORLANDO, FL 32819

**New Principal Place of Business:**

8101 W 26TH AVENUE  
HIALEAH, FL 33016

**Current Mailing Address:**

8669 COMMODITY CIRCLE  
ORLANDO, FL 32819

**New Mailing Address:**

8101 W 26TH AVENUE  
HIALEAH, FL 33016

**FEI Number:** 59-6140079

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

HUEY, GUILDAY & TUCKER, P.A.  
1983 CENTRE POINTE BLVD.  
SUITE 200  
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: P  
Name: LOSA, NIEVES M MS.  
Address: 8101 W 26TH AVENUE  
City-St-Zip: HIALEAH, FL 33016

Title: T  
Name: NENNSTIEL, DEBBIE  
Address: 1731 RIGGINS ROAD  
City-St-Zip: TALLAHASSEE, FL 32308

Title: PP  
Name: GAMMON, RICHARD MD  
Address: 8669 COMMODOTY CIRCLE  
City-St-Zip: ORLANDO, FL 32819

Title: D  
Name: COTTRELL, THERESA  
Address: 4064 LONDON RD.  
City-St-Zip: JACKSONVILLE, FL 32207

Title: S  
Name: BUSH, SCOTT  
Address: 1760 MOUND STREET  
City-St-Zip: SARASOTA, FL 34236

Title: D  
Name: KURELLA, TOM  
Address: 10100 DR. MARTIN LUTHER KING JR. ST. N.  
City-St-Zip: ST. PETERSBURG, FL 33716

I hereby 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 all other like empowered.

**SIGNATURE:** NIEVES M. LOSA

PRES

03/01/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date