2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 10, 2009
Secretary of State

DOCUMENT# 734335

Entity Name: DST SICKLE CELL ANEMIA CLINIC CORPORATION

Current Principal Place of Business:

223 NORMANDY ST
P.O. BOX 3565
LAKELAND, FL 33805

New Principal Place of Business:

223 NORMANDY ST
LAKELAND, FL 33805

Current Mailing Address:

223 NORMANDY ST
P.O. BOX 3565
LAKELAND, FL 33805

New Mailing Address:

223 NORMANDY ST
LAKELAND, FL 33805

FEI Number: 59-1605608 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

COLLIER, HESTER PRICE
223 NORMANDY ST
LAKELAND, FL 33805 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: PDT ( ) Delete
Name: COLLIER, HESTER PRICE
Address: 223 NORMANDY ST
City-St-Zip: LAKELAND, FL 33805

Title: SDV ( ) Delete
Name: SMITH, ANN
Address: 15 N BROWN AVE
City-St-Zip: ORLANDO, FL 32801

Title: D ( ) Delete
Name: HUDSON, LANORA W
Address: 2421 WEBBER ST.
City-St-Zip: LAKELAND, FL 33801

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:

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: HESTER PRICE COLLIER P/D/ 08/10/2009
Electronic Signature of Signing Officer or Director — Date