FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT

1996

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **741799** **(1)**

1. Corporation Name

FLORIDA GEORGIA BLOOD ALLIANCE, INC.

Principal Place of Business	Mailing Address
536 W 10TH STREET ~~P.O. BOX 3758~~ (delete P.O.Box) JACKSONVILLE FL 32206-3526 US	536 W 10TH STREET ~~P.O. BOX 3758~~ (Delete P.O. Box) JACKSONVILLE FL 32206-3526 US

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

3. Date Incorporated or Qualified: 02/23/1978
3a. Date of Last Report: 02/17/1995
4. FEI Number: 59-0766984 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

MALLOY, DALE R
536 W. 10TH ST.
JACKSONVILLE FL 32206

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE Dale R Malloy — Dale R. Malloy — 2/21/96 — (904) 353-8263
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	TD	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	WILLIAMS, JOSEPH H.		1.2 NAME		
STREET ADDRESS	225 WATER ST.		1.3 STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL		1.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	MARTIN, ROBERT E		2.2 NAME		
STREET ADDRESS	1 RIVERSIDE AVENUE		2.3 STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL		2.4 CITY-ST-ZIP		
TITLE	CD	☒ DELETE	3.1 TITLE		☐ Change ☒ Addition
NAME	~~DEWBERRY, MICHAEL J.~~		3.2 NAME	Walter M. Lampe	
STREET ADDRESS	121 FORSYTH STREET, STE 800		3.3 STREET ADDRESS	4440 Merrimac Avenue	
CITY-ST-ZIP	JACKSONVILLE, FL 0		3.4 CITY-ST-ZIP	Jacksonville, FL 32210	
TITLE	SD	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	ACOSTA-RUA, GASTON J M.D.		4.2 NAME		
STREET ADDRESS	2545 RIVERSIDE AVENUE		4.3 STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE, FL 0		4.4 CITY-ST-ZIP		
TITLE	D	☒ DELETE	5.1 TITLE		☐ Change ☒ Addition
NAME	~~VITSKEY, BRIAN H, M.D~~		5.2 NAME	Willis R. Keene, M.D.	
STREET ADDRESS	1800 BARRS ST		5.3 STREET ADDRESS	130 North Gross Road	
CITY-ST-ZIP	JACKSONVILLE, FL 0		5.4 CITY-ST-ZIP	Kingsland, GA 31548	
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Dale R Malloy — Dale R. Malloy — 2/21/96 — (904) 353-8263
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E037 (12/95)

1996 BOARD OF DIRECTORS

GASTON J. ACOSTA-RUA, M.D.
(Immediate Past Chairman)
2545 Riverside Avenue
Jacksonville, Florida 32204
Ph 384-3284 Fax 384-1005

JOHN E. ANDERSON
President and CEO
F R P Properties
P.O. Box 4667
Jacksonville, Florida 32201
Ph 355-1781 Ext. 215 Fax 355-0817

GUY I. BENRUBI, M.D.
653-1 West 8th Street
Jacksonville, Florida 32209
(1996 Pres. of Duval Co. Med. Society)
Ph 549-3271 Fax 549-3124

WILLIAM S. BURNS, JR.
Peek & Cobb, P.A.
1301 Riverplace Blvd., Suite 1609
Jacksonville, Florida 32207
Ph 399-1609 Fax: 399-1615

WILLIAM M. COURTNEY, JR.
2570 Holly Point Road, East
Orange Park, Florida 32073
Ph 634-6140 Fax: 634-6171

LINDA ELSTON
3060 Portulaca Avenue
Jacksonville, Florida 32224
Ph 954-7681 Fax 954-7180

WILLIS R. KEENE, M.D.(Secretary)
130 North Gross Road
Kingsland, Georgia 31548
Ph 1-912-729-7332 Fax: 1-912-729-4307

WALTER M. LAMPE (Treasurer)
Walter Lampe Appraiser, Inc.
4440 Merrimac Avenue
Jacksonville, Florida 32210
Ph 388-7020 Fax 388-9298

DALE R. MALLOY (Pres. & CEO)
Florida Georgia Blood Alliance
536 W. 10th Street
Jacksonville, Florida 32206
Ph 353-8263 Fax 358-7111

ROBERT E. MARTIN (Vice-Chairman)
General Manager
Florida Publishing Company
1 Riverside Avenue
Jacksonville, Florida 32202
Ph 359-4629 Fax 359-4400

J. LARRY READ
President
St. Luke's Hospital
4201 Belfort Road
Jacksonville, Florida 32216
Ph 296-3700 Fax 296-4698

CAPT. DAVID ROBERTSON, MC, USN
Navy Hospital Jacksonville
Jacksonville, Florida 32214
Ph 777-7399 Fax 777-7818

DENNIS M. SMITH, JR., M.D.
Chairman, Department of Pathology
Director of Laboratories
Memorial Hospital Jacksonville
3625 University Boulevard South
Jacksonville, Florida 32216
Ph 391-1330 Fax 391-1319

The Honorable William A. VanNortwick, Jr.
District Court of Appeal
1st District, State of Florida
301 Martin Luther King, Jr. Blvd.
Tallahassee, Florida 32399-1850
1-(904)-488-6322 Fax: 1-904-488-7989

BRIAN H. VITSKY, M.D.
St. Vincent's Medical Center
P. O. Box 2982
Jacksonville, Florida 32203
Ph 981-3802 Fax 981-2970

JOSEPH H. WILLIAMS (Chairman)
Marine National Bank
P. O. Box 179 (311 W. Duval Street)
Jacksonville, Florida 32202
Ph 350-7535 Fax 350-7543

Kathy Womack
Manager, Administrative Services
Barnett Bank, Inc.
Barnett Office Park
9000 Southside Boulevard
Building 900
Jacksonville, Florida 32256
Ph 464-4966 Fax 464-4976

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