FILED

2001 UNIFORM BUSINESS REPORT (UBR)

Jan 23, 2001 8:00 am DOCUMENT # 741799 **Secretary of State** 1. Entity Name FLORIDA GEORGIA BLOOD ALLIANCE, INC. 01-23-2001 90009 040 ****70.00 **が起っていた** Mailing Address Principal Place of Business 536 W 10TH STREET 536 W 10TH STREET 701210 JACKSONVILLE FL 32206-3526 JACKSONVILLE FL 32206-3526 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-0766984 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired \square Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) MALLOY, DALE R 536 W. 10TH ST. JACKSONVILLE FL 32206 Zip Code FL 8. 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 Signature, typed or printed name of registered agent and title if applicable DATE (NOTE: Registered Agent signature required when reinstating) **\$5.00** May Be FILE NOW: 9. Election Campaign Financing Make Check Payable to Trust Fund Contribution. **FEE IS \$61.25** Added to Fees Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS 11. ☐ Change Addition ☐ Delete TITLE DV Anderson, John E. 1801 Art Museum Drive, PO Box 45243 van Nortwick, William Jr. 301 MARTIN LUTHER KING JR. BLVD. STREET ADDRESS STREET ADDRESS Jacksonville, FL 32232 CITY-ST-ZIP CITY-ST-ZIP TALLAHASSEE FL 32399-1850 TITLE ☐ Delete TITLE Change ☐ Addition NAME MALLOY, DALE R NAME STREET ADDRESS 536 WEST 10TH STREET STREET ADDRESS CITY-ST-ZIP CITY: ST: ZIP Jacksonville fl 32206 😁 TITLE Delete De TITLE ☐ Change ☐ Addition NAME SMITH, DENNIS JR. MD STREET ADDRESS 3349 UNIVERSITY BLVD. SOUTH STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Jacksonville FL 32216 TITLE DC Delete TITLE ☐ Change ☐ Addition BRUNS, WILLIAM S NAME NAME STREET ADDRESS STREET ADDRESS ONE INDEPENDENT DRIVE, STE. 1900 CiTY-ST-ZIP CITY-ST-ZIF JACKSONVILLE FL 32202 TITLE ☐ Delete TITLE ☐ Change ☐ Addition KEENE, M.D. WILLIS R. NAME STREET ADDRESS STREET ADDRESS 130 NORTH GROSS ROAD CITY-ST-ZIP CITY-ST-ZIP KINGSLAND CA 31548 Delete ☐ Change ☐ Addition DEWITT, LINDA NAME NAME STREET ADDRESS 3060 PORTULACA AVE STREET ADDRESS CITY-ST-ZIP JACKSONVILLE FL 32224

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Dilck Mallis, REQUIDATEDR. Malloy

01/09/01

(904) 353-8263

Daytime Phone #

2001 BOARD OF DIRECTORS

Document# 741799 701210

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