2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 09, 2006 8:00 am
Secretary of State
01-09-2006 90028 016 ****70.00

DOCUMENT # 741799

1. Entity Name
FLORIDA GEORGIA BLOOD ALLIANCE, INC.

46900035

Principal Place of Business	Mailing Address
536 W 10TH STREET JACKSONVILLE, FL 32206-3526 US	536 W 10TH STREET JACKSONVILLE, FL 32206-3526 US

01032006 Chg-NP CR2E037 (11/05)

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 59-0766984 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
MALLOY, DALE R 536 W. 10TH ST. JACKSONVILLE, FL 32206	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip Code

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2006

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DS KNAUER, MARY B 822 A1A NORTH, SUITE 101 PONTE VEDRA BEACH, FL 32082	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DS KNAUER, MARY B. 760 RIVERSIDE AVE JACKSONVILLE, FL 32204	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P MALLOY, DALE R 536 WEST 10TH STREET JACKSONVILLE, FL 32206	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DT TUCKER, III, M.D., N.H. 2149 ST. JOHNS AVE JACKSONVILLE, FL 32204	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D SMITH JR., DENNIS M M.D. 3349 UNIVERSITY BLVD. SOUTH JACKSONVILLE, FL 32216	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MILLER, JEREMY P. 806 RIVESIDE AVE JACKSONVILLE, FL 32203	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DC FOUTS, ROY 2020 DUNA VISTA COURT ATLANTIC BEACH, FL 32233	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D FOUTS, ROY 2020 DUNA VISTA COURT ATLANTIC BEACH, FL 32233	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DT VAN NORTWICK, WM A JR 1ST DISTRICT OF FLORIDA, 301 MLK JR BLVD TALLAHASSEE, FL 323991850	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DVC VAN NORTWICK, WM A JR 1ST DISTRICT OF FLORIDA, 301 MLK JR BLVD TALLAHASSEE, FL 323991850	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DT MAGUIRE, MICHAEL I 200 WEST FORSYTH ST., 1ST FLOOR JACKSONVILLE, FL 322024349	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DC MAGUIRE, MICHAEL I 1650 PRUDENTIAL DR SUITE 101 JACKSONVILLE, FL 32207	☒ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: Dale R Malloy Dale R. Malloy, President & CEO — January 6, 2006 — 904-353-8263
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

ATTACHMENT
400000 35
#741799

January 6, 2006
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Florida Georgia Blood Alliance
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11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ROOT, MARY T. 117 OSBORNE ST ST. MARYS, GA 31558	☐ Change	☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D THREADCRAFT Ph.D, MILTON H. 3158 SECRET WOODS TRAIL W JACKSONVILLE, FL 32216	☐ Change	☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BURNS JR., WILLIAM S. ONE INDEPENDENT DR, SUITE 1900 JACKSONVILLE, FL 32202	☐ Change	☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MORALES, JORGE F. 1650 PRUDENTIAL DR, SUITE 300 JACKSONVILLE, FL 32207	☐ Change	☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SIEGEL M.D., STEVEN D. 1801 BARRS ST JACKSONVILLE, FL 32204	☐ Change	☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DURYEA, EDWARD 3003 RIVESIDE LN BEAUFORT, SC 29902	☐ Change	☒ Addition

11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PERRY, M.D., SHERYL 5548 FAIR LANE DR JACKSONVILLE, FL 32244	☐ Change	☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SHUMER, FRANK D. 4490 SOUTHSIDE BLVD JACKSONVILLE, FL 32216	☐ Change	☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BUCKLEY, M.D., JULIE A. 5270 PALM VALLEY RD PONTE VEDRA BEACH, FL 32082	☐ Change	☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change	☐ Addition