2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 17, 2003 8:00 am
Secretary of State
02-17-2003 90158 025 ****70.00

000339

DOCUMENT # 741799

1. Entity Name
FLORIDA GEORGIA BLOOD ALLIANCE, INC.

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

☐ CHECK HERE IF MAKING CHANGES

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

FILE NOW: FEE IS $61.25

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 PAIGE, KEVIN 4201 BELFORT ROAD JACKSONVILLE FL 32216	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DV SMITH, DENNIS JR., M.D. 3349 UNIVERSITY BLVD. S. JACKSONVILLE, FL 32216	☐ 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		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DC THREADCRAFT, MILTON H JR 4831 GREENLAND ROAD JACKSONVILLE FL 32258	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BRUNS, WILLIAM S ONE INDEPENDENT DRIVE, STE. 1900 JACKSONVILLE FL 32202	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D KEENE, WILLIS R MD 130 NORTH GROSS ROAD KINGSLAND CA 31548	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DT COURTNEY, WILLIAM S 2687 HOLLY POINT ORAD EAST ORANGE PARK FL 32073	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DT WILLIAMS, JOSEPH H. P.O. Box 179 JACKSONVILLE, FL 32202	☐ Change ☒ Addition

CR2E037 (10/02)

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: Dale SIGNATURE REQUIRED Dale R. Malloy 2/12/03 (904) 353-8263
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Attachment 90027224
Doc. # 7/1799

2002-2003 BOARD OF DIRECTORS

JULIE A. BUCKLEY, M.D.
Pediatric Partners of Ponte Vedra, P.A.
5270 Palm Valley Road
Ponte Vedra Beach, FL 32082
Phone:904-543-1288 Fax: 904-543-1289
Home: 904-273-5561
Email: pppv@bellsouth.net (being revised)
Email: dinopad@bellsouth.net

WILLIAM S. BURNS, JR. (Past Chairman)
Pajcic & Pajcic, P.A.
One Independent Drive, Suite 1900
Jacksonville, Florida 32202
Ph 358-8881 Fax: 354-1180
Email: bill@pajcic.com

ROY FOUTS (Secretary)
Professor: UNF and Flagler College
Mailing Address:
2020 Duna Vista Court
Atlantic Beach, FL 32233
C 537-4551 Fax: 249-5841
Email: rfouts2@attbi.com

WILLIS R. KEENE, M.D.
130 North Gross Road
Kingsland, Georgia 31548
Ph 1-912-729-7332 Fax: 1-912-729-4307
Email: wkeene@tds.net

MARY BIGGS KNAUER
Executive Vice President
Legacy Trust Company
822 A1A North, Suite 101
Ponte Vedra Beach, Florida 32082
Ph (904) 280-9100
Fax (904)280-9109
Email:
mbk@legacytrustcompany.com

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

MICHAEL I. MAGUIRE
SVP-Private Client Advisor
SunTrust Bank - North Florida
200 West Forsyth Street, 1st Floor
Jacksonville, FL 32202-4349
Ph 632-2738 Fax: 632-2853 Cell 614-1801
Email: michael.maguire@suntrust.com

HILARY G. MATHEWS
St. Luke's Hospital
Administrator of Hospital Operations
4201 Belfort Road
Jacksonville, Florida 32216
Phone: 296-3796 Fax: 296-4698
Email: mathews.hilary@mayo.edu

JORGE F. MORALES
President
ICS, Solutions Development and
Systems Implementation
4899 Belfort Road, Suite 200
Jacksonville, FL 32256
Ph 399-8500 (W) Ph 493-1650 (P)
Fax:: 398-7855
Email: jmorales@icsfl.com

MARY T. ROOT
President, Satilla Business Services, Inc.
117 Osborne Street
St. Marys, GA 31558
Ph 912-882-3272 (W) 912-576-3359 (H)
Fax: 912-882-3299
Email: temps@tds.net

FRANK D. SHUMER
Shumer Associates, Architects and
Planners, Inc.
4494 Southside Blvd., Suite 202
Jacksonville, FL 32216
Phone: 641-0366 Fax: 641-1707
Email: fshumer@BellSouth.net

STEVEN D. SIEGEL, M.D.
1801 Barrs Street, Suite 800
Jacksonville, FL 32204
Ph 388-2619 Fax: 388-0240

OVER