

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 12, 2004 8:00 am**  
**Secretary of State**

02-12-2004 90053 001 \*\*\*228.75

**DOCUMENT # K34077**

1. Entity Name

JACKSONVILLE BLOOD BANK, INC.



Principal Place of Business

536 W. 10TH STREET  
JACKSONVILLE FL 32203  
US

Mailing Address

536 W. 10TH ST.  
JACKSONVILLE FL 32206

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 \$150.00**

**After May 1, 2004: Fee will be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D ☒ Delete  
NAME KEENE, WILLIS R MD  
STREET ADDRESS 130 N GROSS RD  
CITY-ST-ZIP KINGSLAND GA 31548

TITLE DV ☐ Change ☒ Addition  
NAME Routs, Roy  
STREET ADDRESS 2020 Duna Vista Court  
CITY-ST-ZIP Atlantic Beach, FL 32233

TITLE DT ☐ Delete  
NAME WILLIAMS, JOSEPH H  
STREET ADDRESS P.O. BOX 179  
CITY-ST-ZIP JACKSONVILLE FL 32203

TITLE DT ☐ Change ☒ Addition  
NAME Maquire, Michael I.  
STREET ADDRESS 200 West Forsyth St., 1st Floor  
CITY-ST-ZIP Jacksonville, FL 32202-4349

TITLE DV ☐ Delete  
NAME SMITH, DENNIS JR MD  
STREET ADDRESS 3349 UNIV BLVD S  
CITY-ST-ZIP JACKSONVILLE FL 32216

TITLE DC ☒ Change ☐ Addition  
NAME Smith, Dennis Jr., M.D.  
STREET ADDRESS  
CITY-ST-ZIP

TITLE DC ☒ Delete  
NAME THREADCRAFT, MILTON H  
STREET ADDRESS 4831 GREENLAND ROAD  
CITY-ST-ZIP JACKSONVILLE FL 32258

TITLE DS ☐ Change ☒ Addition  
NAME Knauer, Mary Biggs  
STREET ADDRESS 822 AlA North, Suite 101  
CITY-ST-ZIP Ponte Vedra Beach, FL 32082

TITLE D ☐ Delete  
NAME BURNS, WILLIAM S JR.  
STREET ADDRESS ONE INDEPENDENT DR., STE. 1900  
CITY-ST-ZIP JACKSONVILLE FL 32202

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE D ☐ Delete  
NAME MALLOY, DALE R  
STREET ADDRESS 536 W 10TH ST  
CITY-ST-ZIP JACKSONVILLE FL 32206

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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 607, 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 (D Malloy)

Dale R. Malloy

2/03/04

(904) 353-8263

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #