

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 17, 2003 8:00 am**  
**Secretary of State**

02-17-2003 90158 024 \*\*\*158.75

**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, 2003 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 ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **DT** ☒ Delete  
NAME **COURTNEY, WILLIAM M JR**  
STREET ADDRESS **2687 HOLLY POINT ROAD EAST**  
CITY-ST-ZIP **ORANGE PARK FL 32073**

TITLE **DT** ☐ Change ☒ Addition  
NAME **WILLIAMS, JOSEPH H.**  
STREET ADDRESS **P.O. BOX 179**  
CITY-ST-ZIP **JACKSONVILLE, FL 32202**

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

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

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

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

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:

*D. Malloy*

SIGNATURE REQUIRED

Date **R. Malloy**

**2/12/03**

**(904) 353-8263**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)

**2002-2003 BOARD OF DIRECTORS**

**JULIE A. BUCKLEY, M.D.**

Pediatric Partners of Ponte Vedra, P.A.  
5270 Palm Valley Road  
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Phone: 904-543-1288 Fax: 904-543-1289  
Home: 904-273-5561

Email: [pppv@bellsouth.net](mailto:pppv@bellsouth.net) (being revised)

Email: [dinopad@bellsouth.net](mailto:dinopad@bellsouth.net)

**WILLIAM S. BURNS, JR. (Past Chairman)**

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**ROY FOUTS (Secretary)**

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**DALE R. MALLOY (Pres. & CEO)**

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OVER