


FILED
Jan 23, 2008 8:00 am
Secretary of State

01-23-2008 90006 005 ****70.00

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # N07000008758					
1. Entity Name COASTAL BLOOD ALLIANCE, INC.					
Principal Place of Business 536 W. TENTH ST. JACKSONVILLE, FL 32206			Mailing Address 536 W. TENTH ST. JACKSONVILLE, FL 32206		
2. Principal Place of Business - No P.O. Box #			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country	Zip		Country
4. FEI Number				Applied For <input checked="" type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>				\$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. TENTH 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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		<input type="checkbox"/> Delete	TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			NAME	MALLOY, DALE R.	
STREET ADDRESS			STREET ADDRESS	536 W 10TH ST	
CITY-ST-ZIP			CITY-ST-ZIP	JACKSONVILLE, FL 32206	
TITLE		<input type="checkbox"/> Delete	TITLE	DC	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			NAME	TUCKER, III, M.D., N.H.	
STREET ADDRESS			STREET ADDRESS	2149 ST. JOHNS AVE	
CITY-ST-ZIP			CITY-ST-ZIP	JACKSONVILLE, FL 32204	
TITLE		<input type="checkbox"/> Delete	TITLE	DT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			NAME	MILLER, JEREMY P.	
STREET ADDRESS			STREET ADDRESS	806 RIVERSIDE AVE	
CITY-ST-ZIP			CITY-ST-ZIP	JACKSONVILLE, FL 32203	
TITLE		<input type="checkbox"/> Delete	TITLE	DS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			NAME	PERRY, M.D., SHERYL	
STREET ADDRESS			STREET ADDRESS	5548 FAIR LANE DR	
CITY-ST-ZIP			CITY-ST-ZIP	JACKSONVILLE, FL 32244	
TITLE		<input type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			NAME	ALLEN, ED	
STREET ADDRESS			STREET ADDRESS	PO BOX 734	
CITY-ST-ZIP			CITY-ST-ZIP	BEAUFORT, SC 29901	
TITLE		<input type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			NAME	BAILEY, JR., JOHN D.	
STREET ADDRESS			STREET ADDRESS	780 N. PONCE DE LEON BLVD	
CITY-ST-ZIP			CITY-ST-ZIP	ST. AUGUSTINE, FL 32085	
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, President & CEO <i>D Malloy</i> 1/17/08 904 353-8263					
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					