2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 06, 2009
Secretary of State

DOCUMENT# N07000008758

Entity Name: COASTAL BLOOD ALLIANCE, INC.

Current Principal Place of Business:

536 W. TENTH ST.
JACKSONVILLE, FL 32206

New Principal Place of Business:

7595 CENTURIAN PARKWAY
JACKSONVILLE, FL 32256

Current Mailing Address:

536 W. TENTH ST.
JACKSONVILLE, FL 32206

New Mailing Address:

7595 CENTURIAN PARKWAY
JACKSONVILLE, FL 32256

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MALLOY, DALE R.
536 W. TENTH ST.
JACKSONVILLE, FL 32206 US

Name and Address of New Registered Agent:

MALLOY, DALE R.
7595 CENTURIAN PARKWAY
JACKSONVILLE, FL 32256 US

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.

SIGNATURE: DALE MALLOY 01/06/2009
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: MALLOY, DALE R
Address: 536 W 10TH ST
City-St-Zip: JACKSONVILLE, FL 32206

Title: DC ( ) Delete
Name: TUCKER III, N H MD
Address: 2149 ST JOHNS AVE
City-St-Zip: JACKSONVILLE, FL 32204

Title: DT ( ) Delete
Name: MILLER, JEREMY P
Address: 806 RIVERSIDE AVE
City-St-Zip: JACKSONVILLE, FL 32203

Title: DS ( ) Delete
Name: PERRY, SHERYL MD
Address: 5548 FAIR LANE DR
City-St-Zip: JACKSONVILLE, FL 32244

Title: D ( ) Delete
Name: ALLEN, ED
Address: PO BOX 734
City-St-Zip: BEAUFORT, SC 29901

Title: D ( ) Delete
Name: BAILEY, JOHN D JR
Address: 780 N PONCE DE LEON BLVD
City-St-Zip: SAINT AUGUSTINE, FL 32085

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: MALLOY, DALE R
Address: 7595 CENTURIAN PARKWAY
City-St-Zip: JACKSONVILLE, FL 32256

Title: DC (X) Change ( ) Addition
Name: MORALES, JORGE F
Address: 1650 PRUDENTIAL DR SUITE 300
City-St-Zip: JACKSONVILLE, FL 32207

Title: DT (X) Change ( ) Addition
Name: PERRY, CHERYL M.D.
Address: 5548 FAIR LANE DR
City-St-Zip: JACKSONVILLE, FL 32244

Title: DS (X) Change ( ) Addition
Name: SIM, EDWARD
Address: 800 PRUDENTIAL DR
City-St-Zip: JACKSONVILLE, FL 32207

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change ( ) Addition
Name: FOSTER, MALCOLM T M.D.
Address: 653 W 8TH ST
City-St-Zip: JACKSONVILLE, FL 32209

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DALE MALLOY P 01/06/2009
Electronic Signature of Signing Officer or Director Date