2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 15, 2011
Secretary of State

DOCUMENT# N07000008758

Entity Name: COASTAL BLOOD ALLIANCE, INC.

Current Principal Place of Business:

7595 CENTURION PARKWAY
JACKSONVILLE, FL 32256

New Principal Place of Business:

Current Mailing Address:

7595 CENTURION PARKWAY
JACKSONVILLE, FL 32256

New Mailing Address:

FEI Number: 90-0473736 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: P
Name: MALLOY, DALE R
Address: 7595 CENTURION PARKWAY
City-St-Zip: JACKSONVILLE, FL 32256

Title: C
Name: PERRY, SHERYL MD
Address: 5548 FAIR LANE DR
City-St-Zip: JACKSONVILLE, FL 32244

Title: VC
Name: FOSTER, MALCOLM M.D.
Address: 3519 HILLIARD RD
City-St-Zip: JACKSONVILLE, FL 32217

Title: S
Name: JAMES, SEBESTA
Address: 10739 DEERWOOD PARK BLVD, STE. 103
City-St-Zip: JACKSONVILLE, FL 32256

Title: T
Name: TRAYLOR, HAMILTON
Address: 501 RIVERSIDE AVE, STE 600
City-St-Zip: JACKSONVILLE, FL 32202

Title: DIR
Name: ALLEN, ED
Address: 102 SHANKLIN RD
City-St-Zip: BEAUFORT, SC 29901

I hereby 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 all other like empowered.

SIGNATURE: DALE R. MALLOY PRES 03/15/2011

Electronic Signature of Signing Officer or Director — Date