

**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Feb 22, 2006  
Secretary of State**

DOCUMENT# N94000004862

Entity Name: SOUTHEAST TISSUE ALLIANCE, INC.

**Current Principal Place of Business:**

6241 NW 23 STREET  
STE 400  
GAINESVILLE, FL 32653 US

**New Principal Place of Business:**

**Current Mailing Address:**

6241 NW 23 STREET  
STE 400  
GAINESVILLE, FL 32653 US

**New Mailing Address:**

FEI Number: 59-3280155      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)

**Name and Address of Current Registered Agent:**

AILSTOCK, J P PA  
2615 NW 5 PLACE  
GAINESVILLE, FL 32607 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: D ( ) Delete  
Name: LANZILLOTTI, ROBERT  
Address: 6241 NW 23 STREET  
City-St-Zip: GAINESVILLE, FL 32653 US

Title: D ( ) Delete  
Name: BOVAY, JOHN  
Address: 6241 NW 23 STREET  
City-St-Zip: GAINESVILLE, FL 32653 US

Title: PDC ( ) Delete  
Name: HOPKINS, LAWRENCE  
Address: 6241 NW 23 STREET  
City-St-Zip: GAINESVILLE, FL 32653 US

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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

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

I hereby certify that the information supplied with this filing does not qualify for the 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: LAWRENCE HOPKINS

PDC

02/22/2006

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date