2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

SIGNATURE: _

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04 APR 22 PM 12: 05 **DOCUMENT # N01000001940** FSU.COM/CENTRAL FLORIDA, INC. BEUTERMEN DE STATE TALLAHASSEE, FLORIDA Principal Place of Business Mailing Address THE FLORIDA STATE UNIVERSITY THE FLORIDA STATE UNIVERSITY 220 WESTCOTT BLDG 220 WESTCOTT BLDG TALLAHASSEE, FL 32306-1470 TALLAHASSEE, FL 32306-1470 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04052004 Chg-NP CR2E037 (10/03) City & State 4. FEI Number NOT APPLICABLE Applied For City & State Not Applicable \$8.75 Additional Zip Country Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Steffens, Betty GLEASON, GREGG A Street Address (P.O. Box Number is Not Acceptable) THE FLORIDA STATE UNIVERSITY 424 WESTCOTT BLDG TALLAHASSEE, FL 32306-1400 424 Westcott Bldg, Florida State University City Tallahassee 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. 4/07/04 Betty Steffens Signature, typed or printed name of registered agent and title if applicable stered Agent signature required when reinstating) 9. Election Campaign Financing Make check payable to Filing Fee is \$61.25 \$5.00 May Be Trust Fund Contribution. Florida Department of State Due by May 1, 2004 Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. TITLE ☐ Delete TITLE Addition ☐ Change FALK, JAY M.D. NAME NAME 86 W. UNDERWOOD ST. STREET ADDRESS STREET ADDRESS ORLANDO, FL 32806 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ■ Addition MURRAY, JOHN M.D. NAME NAME STREET ADDRESS 1731 SANTA MARIA PLACE STREET ADDRESS ORLANDO, FL 32806 CITY-ST-7IP CITY-ST-7/P ☐ Change TITLE ☐ Delete TITLE ☐ Addition HILL, MOLLIE NAME NAME FSU COLLEGE OF MEDICINE ADMIN. BLDG. STREET ADDRESS STREET ADORESS TALLAHASSEE, FL 323064300 CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITLE D ☐ Delete TITLE NAME MORRISON, RICH NAME 2400 BEDFORD ROAD, 4TH FLOOR STREET ADDRESS STREET ADDRESS CITY-ST-ZIP ORLANDO, FL. 32803 CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP τmF ☐ Delete Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 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.

FILED

644-8936

Daytime Phone #

4/06/04

Board Members of the FSU.COM/Central Florida, Inc.

Anthony J. Costa, M.D. (Chair) Assistant Dean Regional Medical School Campus-Orlando FSU College of Medicine 415 Briercliff Drive Orlando, FL 32806 Phone: 407/835-4103

Jay Falk, M.D. Chief Academic Medical Officer Orlando Regional Healthcare 86 W. Underwood Street, Suite 100 Orlando, FL 32806 Phone: 321/841-5243

407/649-6896

407/835-4107

. Fax:

Fax:

Fax:

John Murray, M.D. 1731 Santa Maria Place (home) Orlando, FL 32806 Phone: 407/423-2571 (office)

407/423-0028 (office)

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Mr. John W. Bozard, President Orlando Regional Healthcare Foundation 1414 Kuhl Avenue Orlando, FL 32806 Phone: 407/841-5250

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Alma Littles, M.D. Associate Dean for Academic Affairs FSU College of Medicine 1269 W. Call Street Tallahassee, FL 32306-4300 Phone: 850/644-59055 850/644-9399 Fax:

Ms. Mollie H. Hill Director of Community Clinical Relations FSU College of Medicine 1269 W. Call Street Tallahassee, FL 32306-4300 Phone: 850/644-8936 850/644-9399

Byron Thames, MD 3364 Windy Wood Drive Orlando, FL 32812 Phone: 407/277-8058

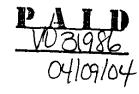
Fax:

Mr. Don R. Ammerman, SIOR Com Tech Properties, Inc. 7233 Lake Ellenor Drive Orlando, FL 32809-5777 Work: 407-240-8866 Mobile: 407-234-5375

Mr. Blake Warren, M.H.S.A. Executive Director, Central Florida Area Health Education Center, Inc. 328 South Central Avenue Apopka, FL 32703 Phone: 407-889-2292

Dick Milholm, MD 1300 Druid Isle Road Maitland, FL 32751 Phone: 407/539-0258





	FLORIDA STATE UNIVERSITY - PRO FORMA INVOICE - (FORM 9)										
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PRESIDENT			CHARLES THE								
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^{*} If total exceeds \$1,000, submit original and two copies; otherwise submit original and one copy.

^{*} Payments to other State agencies, use 21-digit FLAIR code as Vendor No.

^{*} Dept. must obtain Vendor No. if not in FLAIR Vendor File

CNPPPJT4 - 04 RUN DATE 04/15/2004 AS OF 04/15/2004 FLAIR - CENTRAL ACCOUNTING

POSTED JOURNAL FRANSACTIONS BY SWDN WITHIN BENEFITTING OLO AND SITE

AUDIT LOCATION - STATEWIDE

OLO 450000 - DEPARTMENT OF STATE STATE - DEPARTMENT OF STATE

492000 - FLORIDA STATE UNIVERSITY

SITE

00 - FL STATE UNIV-PAYABLES & DISBURSEMENTS S

(850)644-9645

SWDN S4000123063

ADOCNO V031986

ACCOUNT CODE		TC	OBJECT	AMOUNT	ACCOUNT CODE	EFITTING DATA	TC	OBJECT
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TRANSACTION CODE TOTAL - 25

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