

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED

04 APR 22 PM 12:05

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

<b>DOCUMENT # N01000001940</b> 1. Entity Name FSU.COM/CENTRAL FLORIDA, INC.					
Principal Place of Business THE FLORIDA STATE UNIVERSITY 220 WESTCOTT BLDG TALLAHASSEE, FL 32306-1470			Mailing Address THE FLORIDA STATE UNIVERSITY 220 WESTCOTT BLDG TALLAHASSEE, FL 32306-1470		
2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country			3. Mailing Address Suite, Apt. #, etc. City & State Zip Country		
4. FEI Number NOT APPLICABLE			Applied For Not Applicable		
5. Certificate of Status Desired <input type="checkbox"/>			\$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent GLEASON, GREGG A THE FLORIDA STATE UNIVERSITY 424 WESTCOTT BLDG TALLAHASSEE, FL 32306-1400			7. Name and Address of New Registered Agent Name: Steffens, Betty Street Address (P.O. Box Number is Not Acceptable): 424 Westcott Bldg, Florida State University City: Tallahassee FL Zip Code: 32306-1400		
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: Betty Steffens <i>Betty Steffens</i> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>				DATE: 4/07/04	
<b>Filing Fee is \$61.25 Due by May 1, 2004</b>		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 NAME STREET ADDRESS CITY-ST-ZIP	D FALK, JAY M.D. 86 W. UNDERWOOD ST. ORLANDO, FL 32806	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MURRAY, JOHN M.D. 1731 SANTA MARIA PLACE ORLANDO, FL 32806	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HILL, MOLLIE FSU COLLEGE OF MEDICINE ADMIN. BLDG. TALLAHASSEE, FL 323064300	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MORRISON, RICH 2400 BEDFORD ROAD, 4TH FLOOR ORLANDO, FL 32803	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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.					
SIGNATURE: <i>Shane H. Hill</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			DATE: 4/06/04		DAYTIME PHONE #: 644-8936

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

Anthony J. Costa, M.D. (Chair)  
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Orlando Regional Healthcare Foundation  
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Mr. Blake Warren, M.H.S.A.  
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Health Education Center, Inc.  
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Mr. Rich Morrison  
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Strategic Development & Government Affairs  
Florida Hospital  
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Fax: 407/303-7935

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

**PAID**  
V031986  
04/09/04

DATE		IN/NO	NO1000001940
EN-NO		IN/NO	NO1000001940
CHARGE ORG	5221-000	EO	01
		OBJECT	499300
VENDOR NO	Divisions of Corporation		
VENDOR NAME	Attn: Debbie Lollie		
MAILING ADDRESS	P.O.Box 6327		
	Tallahassee, FL 32314		
US CITIZEN or RES. ALIEN?	YES/NO	MBE/YES/NO	
BF-ORG	451010001324530010000	BF-EO	001000
CONTRACT NO		OCA	000100
		BF-CAT	000100
QTY. & UNIT	DESCRIPTION & BENEFIT TO STATE	UNIT PRICE	AMOUNT
1	2004 Not-For-Profit Corporation Annual Report	\$61.25	\$61.25
	BF-ORG 451010001324530010000		
	BF-CAT 000100		
	BF-OBJ 001000		
DATE APPROVED		TOTAL AMT	\$61.25
DEPARTMENT HEAD	<i>Handwritten Signature</i>	Local to State/State to Local Transfer	
DEAN		receipting information	
VICE PRESIDENT		ORIG VOUCHER NO	
PRESIDENT		ORIG VOUCHER DATE	
		CREDIT ORG	
		CREDIT OBJECT	
		Contact Person	
		Phone No	

- \* 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

450000 00  
PAGE 12

POSTED JOURNAL TRANSACTIONS BY SWDN WITHIN BENEFITTING OLO AND SITE

AUDIT LOCATION - STATEWIDE  
OLO 450000 - DEPARTMENT OF STATE  
SITE 00 - DEPARTMENT OF STATE

OLO 492000 - FLORIDA STATE UNIVERSITY  
SITE 00 - FL STATE UNIV-PAYABLES & DISBURSEMENTS S  
(850)644-9645

SWDN 54000123063 ADOCNO V031986

ACCOUNT CODE	CF	TC	OBJECT	AMOUNT	ACCOUNT CODE	CF	TC	OBJECT
49 10 1 000210 48900100 21 040000 00	25		4993	61.25	45 10 1 000132 45300100 00 000100 00		45	
					INVOICE # 000001940		61.25	
TRANSACTION CODE TOTAL - 25				61.25	45	61.25		

TR96  
453007  
11  
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ENTERED APR 20 2004