

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

1082

DOCUMENT # N01000001940	
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
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FILED

06 APR -5 PM 1:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



03232006 No Chg-NP CR2E037 (11/05) 06

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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

STEFFENS, BETTY
424 WESTCOTT BLFG
FLORIDA STATE UNIVERSITY
TALLAHASSEE, FL 32306-1400

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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 DATE 3/23/06

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25 Due by May 1, 2006	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	C MUSZYNSKI, MICHAEL J 415 BRIERCLIFF DRIVE ORLANDO, FL 32806
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MURRAY, JOHN M.D. 1731 SANTA MARIA PLACE ORLANDO, FL 32806
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HILL, MOLLIE 1269 W CALL STREET TALLAHASSEE, FL 323064300
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MORRISON, RICH 2400 BEDFORD ROAD, 4TH FLOOR ORLANDO, FL 32803
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BOZARD, JOHN W 1414 KUHL AVE ORLANDO, FL 32806
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PRITCHARD, SIBILLE 401 W COLONIAL DRIVE SUITE #7 ORLANDO, FL 32804

100072290151
04/27/06--01017--023 **\$61.25

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: Mollie H. Hill Mollie H. Hill 3/24/06 850-644-8936

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

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

2082

Michael J. Muszynski., M.D. (Chair)
Campus Dean
Regional Medical School Campus-Orlando
FSU College of Medicine
415 Briercliff Drive
Orlando, FL 32806
Phone: 407/835-4103 ext 403
Cell: 407/222-1609
Fax: 407/835-4107
E-mail: michael.muszynski@med.fsu.edu

Jay Falk, M.D.
Chief Academic Medical Officer
Orlando Regional Healthcare
86 W. Underwood Street, Suite 100
Orlando, FL 32806
Phone: 321/841-5243
Fax: 407/649-6896
E-mail: jayf@orhs.org; dianac@orhs.org

John Murray, M.D.
1731 Santa Maria Place (home)
Orlando, FL 32806
Phone: 407/423-2571 (office)
Fax: 407/423-0028 (office)
E-mail: jmurray122@cfl.rr.com

Sibille Pritchard
Senior Vice President
Brooksville Development Corp.
401 W. Colonial Drive, Suite # 7
Orlando, FL 32804
Phone: 407/425-8571
E-mail: hartcom1@brooksville.biz

John W. Bozard, President
Orlando Regional Healthcare Foundation
1414 Kuhl Avenue
Orlando, FL 32806
Phone: 407/841-5250
E-Mail: johnb@orhs.org

Rich Morrison
Regional Vice President for
Strategic Development & Government Affairs
Florida Hospital
2400 Bedford Road, 4th Floor
Orlando, FL 32803
Phone: 407/303-1607
Fax: 407/303-7935
E-mail: richmorrison@flhosp.org

Alma Littles, M.D.
Associate Dean for Academic Affairs
FSU College of Medicine
1115 W. Call Street
Tallahassee, FL 32306-4300
Phone: 850/644-5905
Fax: 850/644-9399
E-Mail: alma.littles@med.fsu.edu

Mollie H. Hill
Director of Community Clinical Relations
FSU College of Medicine
1115 W. Call Street
Tallahassee, FL 32306-4300
Phone: 850/644-8936
Fax: 850/644-9399
E-mail: mollie.hill@med.fsu.edu

Byron Thames, MD
3364 Windy Wood Drive
Orlando, FL 32812
Phone: 407/277-8058
E-Mail: thames1113@aol.com

Don R. Ammerman, SIOR
Com Tech Properties, Inc.
7233 Lake Ellenor Drive
Orlando, FL 32809-5777
Work: 407/240-8866
Mobile: 407/234-5375
Email: donammo@aol.com

Kristen D. Gray, M.D.
Program Director, Florida Hospital
Family Practice Residency
2501 N. Orange Avenue, Suite 235
Orlando, FL 32804
Phone: 407/303-2814
E-Mail: Kristen.Gray.md@flhosp.org