

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000001940

FILED
Apr 18, 2012
Secretary of State

Entity Name: FSU.COM/CENTRAL FLORIDA, INC.

Current Principal Place of Business:

THE FLORIDA STATE UNIVERSITY
424 WESTCOTT BLDG
TALLAHASSEE, FL 323061400

New Principal Place of Business:

Current Mailing Address:

THE FLORIDA STATE UNIVERSITY
424 WESTCOTT BLDG
TALLAHASSEE, FL 323061400

New Mailing Address:

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

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

STEFFENS, BETTY
424 WESTCOTT BLDG
FLORIDA STATE UNIVERSITY
TALLAHASSEE, FL 323061400 US

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: RCD
Name: MUSZYNSKI, MICHAEL J MD
Address: 250 E. COLONIAL DRIVE
City-St-Zip: ORLANDO, FL 32806

Title: SADA
Name: LITTLES, ALMA MD
Address: 1115 WEST CALL STREET
City-St-Zip: TALLAHASSEE, FL 323064300

Title: DCCR
Name: HILL, MOLLIE
Address: 1115 WEST CALL STREET
City-St-Zip: TALLAHASSEE, FL 323064300

Title: P
Name: AMMERMAN, DON R
Address: 7233 LAKE ELLENOR DRIVE
City-St-Zip: ORLANDO, FL 32809

Title: P
Name: BOZARD, JOHN W
Address: 3160 SOUTHGATE COMMERCE BLVD.
City-St-Zip: ORLANDO, FL 32806

Title: IM
Name: EVERETT, GEORGE D MD
Address: 2501 N. ORANGE AVENUE, SUITE 235
City-St-Zip: ORLANDO, FL 32804

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: MOLLIE HILL

DCCR

04/18/2012

Electronic Signature of Signing Officer or Director

Date