

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED

08 MAR 24 PM 1:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



03062008 Chg-NP CR2E037 (12/06)

4. FEI Number
NOT APPLICABLE

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

3/6/08

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$61.25
Due by May 1, 2008

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$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

CD
MCLEOD, PAUL A M.D.
8880 UNIVERSITY OKWY, SUITE A
PENSACOLA, FL 32514

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

See attachment for
a complete list
of directors

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

D
BAROCO, PAUL M.D.
P.O. BOX 2700
PENSACOLA, FL 325132700

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

D
COLLIER, LACEY
ONE NORTH PALAFOX STREET
PENSACOLA, FL 32501

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

D
COLLIER, PAIGE
1455 SOUTH FERDON BLVD, STE B1
CRESTVIEW, FL 32536

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

700121111867
03/25/08--01004--019 **\$61.25

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

P
BULLOCK, ELLIS
730 BAYFRONT PKWY, SUITE 5
PENSACOLA, FL 32502

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

D
HILLS, MOLLIE H
1115 W CALL ST
TALLAHASSEE, FL 323094300

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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 Hills

3/10/08

850-644-8936

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2006 / 2007 Board Members of the FSU.CoM / West Florida, Inc.

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 Assistant Dean
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The Honorable Lacey Collier
 U.S. District Court Judge
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 Portofino Medical Spa / BHC
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 Cc: sasarisi@osullivancreel.com

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 Cc: lisa.brown@srmcfl.hma-corp.com

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