2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000001941

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

FILED Apr 06, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

THE FLORIDA STATE UNIVERSITY
211 WESTCOTT BUILDING
TALLAHASSEE, FL 323061470 US

THE FLORIDA STATE UNIVERSITY
424 WESTCOTT BUILDING
TALLAHASSEE, FL 323061400 US

Current Mailing Address: New Mailing Address:

THE FLORIDA STATE UNIVERSITY
211 WESTCOTT BUILDING
TALLAHASSEE, FL 323061470 US

THE FLORIDA STATE UNIVERSITY
424 WESTCOTT BUILDING
TALLAHASSEE, FL 323061400 US

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 BUILDING
424 WESTCOTT BUILDING
FLORIDA STATE UNIVERSITY
TALLAHASSEE, FL 323061400 US

STEFFENS, BETTY
424 WESTCOTT BUILDING
THE 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: BETTY STEFFENS 04/06/2009

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: CD () Delete Title: RCD (X) Change () Addition Name: MCLEOD, PAUL A M.D. Name: MCLEOD, PAUL A M.D.

Address: 8880 UNIVERSTIY OKWY, SUITE A Address: 8880 UNIVERSTIY PARKWAY, SUITE A

City-St-Zip: PENSACOLA, FL 32514 City-St-Zip: PENSACOLA, FL 325144911

Title: D () Delete Title: SADA (X) Change () Addition Name: BAROCO, PAUL M.D. Name: LITTLES, ALMA MD

 Address:
 P.O. BOX 2700
 Address:
 1115 WEST CALL STREET

 City-St-Zip:
 PENSACOLA, FL 325132700
 City-St-Zip:
 TALLAHASSEE, FL 323064300

Title: D () Delete Title: DCCR (X) Change () Addition Name: COLLIER, LACEY Name: HILL, MOLLIE H

Address: ONE NORTH PALAFOX STREET Address: 1115 WEST CALL STREET

City-St-Zip: PENSACOLA, FL 32501 City-St-Zip: TALLAHASSEE, FL 323064300

Title: D () Delete Title: CMO (X) Change () Addition Name: COLLIER, PAIGE Name: BAROCO, PAUL MD

Address: 1455 SOUTH FERDON BLVD, STE B1 Address: 5151 NORTH NINTH AVENUE
City-St-Zip: CRESTVIEW, FL 32536 City-St-Zip: PENSACOLA, FL 32504

Title: P () Delete Title: HON (X) Change () Addition

Name: BULLOCK, ELLIS Name: COLLIER, LACEY

Address: 730 BAYFRONT PKWY, SUITE 5 Address: ONE NORTH PALAFOX STREET

City-St-Zip: PENSACOLA, FL 32502 City-St-Zip: PENSACOLA, FL 32502

Title: D () Delete Title: ED (X) Change () Addition

Name: HILLS, MOLLIE H Name: COLLIER, PAIGE

Address: 1115 W CALL ST Address: 1455 SOUTH FERNDON BLVD., SUITE B1

City-St-Zip: TALLAHASSEE, FL 323094300 City-St-Zip: CRESTVIEW, FL 32536

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: MOLLIE H. HILL DCCR 04/06/2009