2004 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT**

FIL (i) 04 APR 22 PH 12: 02 **DOCUMENT # N01000008428** FSU, COM/BIG BEND OF FLORIDA, INC. TALLAHASSEE, FLORIDA Principal Place of Business Mailing Address FLORIDA STATE UNIVERSITY FLORIDA STATE UNIVERSITY 211 WESTCOTT BUILDING 211 WESTCOTT BUILDING TALLAHASSEE, FL 32306-1470 TALLAHASSEE, FL 32306-1470 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04052004 Chq-NP CR2E037 (10/03) City & State City & State 4. FEI Number NOT APPLICABLE Applied For Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Steffens, Betty GLEASON, GREGG A Street Address (P.O. Box Number is Not Acceptable) FLORIDA STATE UNIVERSITY 424 WESTCOTT BUILDING 424 Westcott Bldg, Florida State University TALLAHASSEE, FL 32306-1400 Tallahassee 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. Betty Steffens 4/07/04 SIGNATURE Signature, typed or printed name of registered agent and title if applicable E: Agistered Agent signature required when reinstating) 9. Election Campaign Financing Make check payable to Filing Fee is \$61.25 \$5.00 May Be П Trust Fund Contribution. Added to Fees Florida Department of State Due by May 1, 2004 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. TITLE Change ☐ Addition TITLE ☐ Delete LITTLES, ALMA M.D. NAME NAME 1301 HODGES DRIVE STREET ADDRESS STREET ADORESS CITY-ST-ZIP TALLAHASSEE, FL 32308 CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition TITLE HOGAN, JOHN NAME NAME STREET ADDRESS P.O. BOX 15349 STREET ADDRESS TALLAHASSEE, FL 323175349 CITY-ST-ZIP CITY-ST-ZIP □ Change TITLE Delete TITLE Addition ROUSH, SHARON NAME NAME STREET ADDRESS 2626 CAPITAL MEDICAL BLVD STREET ADDRESS CITY-ST-ZIP TALLAHASSEE, FL 32308 CITY-ST-ZIP ☐ Delete TITLE TITLE ☐ Change ☐ Addition DOLL, AVON M.D. NAME NAME STREET ADDRESS 1609 PHYSICIANS DRIVE STREET ADDRESS TALLAHASSEE, FL 32308 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Addition KIRSCH, MARJORIE M.D. NAME NAME 1515 OLD BAINBRIDGE ROAD STREET ADDRESS STREET ADDRESS

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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.

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME STREET ADDRESS

☐ Delete

CITY-ST-ZIP

STREET ADDRESS

TITLE NAME

> Frence XI His SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

TALLAHASSEE, FL 32303

644-8936

☐ Change

Addition

Daytime Phone #

Board Members of the FSU.COM/Big Bend, Inc.

Eugene Trowers, M.D., M.P.H. (Chair)
Assistant Dean
Regional Medical School Campus-Tallahassee
FSU College of Medicine
Administration Building
Tallahassee, FL 32306-4300

Phone: 644-8605 Fax: 644-9399

Avon Doll, M.D.
North Florida Nephrology
1609 Physicians Drive
Tallahassee, FL 32308
Phone: 878-1171

Phone: 878-1171 Fax: 942-1291

Mr. John Hogan
Executive Director
Capital Health Plan
P.O. Box 15349
Tallahassee, FL 32317-5349

Phone: 383-3492 Fax: 383-3497

Marjorie Kirsch, M.D.
 Medical Director
 Leon County Health Department
 1515 Old Bainbridge Road
 Tallahassee, FL 32303

Phone: 488-2223 Fax: 488-1384 Ms. Sharon Roush
 CEO
 Capital Regional Medical Center
 2626 Capital Medical Blvd.
 Tallahassee, FL 32308
 Phone: 656-5015

Fax: 656-5198

, Alma Littles, M.D. Associate Dean for Academic Affairs FSU College of Medicine 1269 W. Call Street Tallahassee, FL 32306-4300

Phone: 644-5905 Fax: 644-9399

Ms. Mollie H. Hill Director of Community Clinical Relations FSU College of Medicine 1269 W. Call Street Tallahassee, FL 32306-4300

Phone: 644-8936 Fax: 644-9399

Mr. G. Mark O'Bryant CEO/President Tallahassee Memorial HealthCare 1300 Miccosukee Rd. Tallahassee, FL 32308 Phone: 431-5380

DELIVERED AFR @ 8 2004

APPROVED APR 0 8 2004



	FLORIDA STATE UNIVERSITY - PRO FORMA INVOICE - (FORM 9)						
DATE							
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VENDOR NO							A CONTRACTOR
VENDOR NAME	Divisions of Corporation Attn: Debbie Lollie						
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VENDOR NAME MAILING ADDRE		Tallahassee,					
	SPIRE #						
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^{*} 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

POSTED JOURNAL TRANSACTIONS BY SWDN WITHIN BENEFITTING OLO AND SITE

AUDIT LOCATION - STATEWIDE

OLO 450000 - DEPARTMENT OF STATE

SITE 00 - DEPARTMENT OF STATE

492000 - FLORIDA STATE UNIVERSITY OLO

00 - FL STATE UNIV-PAYABLES & DISBURSEMENTS S SITE

(850) 644-9645

SWDN \$4000123064 ADOCNO V031987

ACCOUNT CODE CF TC OBJECT

ACCOUNT CODE

----- BENEFITTING DATA -----

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INVOICE # 000008428

TRANSACTION CODE TOTAL - 25

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