

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED

04 APR 22 PM 12:02

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N01000008428

1. Entity Name
FSU.COM/BIG BEND OF FLORIDA, INC.



Principal Place of Business
FLORIDA STATE UNIVERSITY
211 WESTCOTT BUILDING
TALLAHASSEE, FL 32306-1470

Mailing Address
FLORIDA STATE UNIVERSITY
211 WESTCOTT BUILDING
TALLAHASSEE, FL 32306-1470

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04052004 Chg-NP CR2E037 (10/03)

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

GLEASON, GREGG A
FLORIDA STATE UNIVERSITY
424 WESTCOTT BUILDING
TALLAHASSEE, FL 32306-1400

Name Steffens, Betty
Street Address (P.O. Box Number is Not Acceptable)
424 Westcott Bldg, Florida State University
City Tallahassee FL Zip Code 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.

SIGNATURE Betty Steffens

Betty Steffens

4/07/04

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, 2004

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

TITLE D ☐ Delete
NAME LITTLES, ALMA M.D.
STREET ADDRESS 1301 HODGES DRIVE
CITY-ST-ZIP TALLAHASSEE, FL 32308

TITLE D ☐ Delete
NAME HOGAN, JOHN
STREET ADDRESS P.O. BOX 15349
CITY-ST-ZIP TALLAHASSEE, FL 323175349

TITLE D ☐ Delete
NAME ROUSH, SHARON
STREET ADDRESS 2626 CAPITAL MEDICAL BLVD
CITY-ST-ZIP TALLAHASSEE, FL 32308

TITLE D ☐ Delete
NAME DOLL, AVON M.D.
STREET ADDRESS 1609 PHYSICIANS DRIVE
CITY-ST-ZIP TALLAHASSEE, FL 32308

TITLE D ☐ Delete
NAME KIRSCH, MARJORIE M.D.
STREET ADDRESS 1515 OLD BAINBRIDGE ROAD
CITY-ST-ZIP TALLAHASSEE, FL 32303

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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

Frederic H. Hill

4/06/04

644-8936

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

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
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

04109/04

- * 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

CNPPPJ4 - 04 RUN DATE 04/15/2004 AS OF 04/15/2004
FLAIR - CENTRAL ACCOUNTING

450000 00
PAGE 13

POSTED JOURNAL TRANSACTIONS BY SWDN WITHIN BENEFITTING OLO AND SITE

AUDIT LOCATION - STATEWIDE
OLO 450000 - DEPARTMENT OF STATE
SITE 00 - DEPARTMENT OF STATE

OLO 492000 - FLORIDA STATE UNIVERSITY
SITE 00 - FL STATE UNIV-PAYABLES & DISBURSEMENTS S
(850)644-9645

SWDN 54000123064 ADOCNO V031987

ACCOUNT CODE	CF	TC	OBJECT	AMOUNT	ACCOUNT CODE	CF	TC	OBJECT
49 10 1 000210 48900100 21 040000 00	25		4993	61.25	45 10 1 000132 45300100 00 000100 00		45	
					INVOICE # 000008428			61.25
TRANSACTION CODE TOTAL - 25				61.25	45	61.25		

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453001
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ENTERED APR 20 2004