

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N01000008428

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



FILED
Apr 24, 2005 8:00 A.M.
Secretary of State

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



03312005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

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

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

**DO NOT WRITE
IN THIS SPACE**

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 ☒

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

Betty Steffens

(NOTE: Registered Agent signature required when reinstating)

4/4/05
DATE

Filing Fee is \$61.25
Due by May 1, 2005

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

300054235273
05/10/05--01094--017 **122.50

10. OFFICERS AND DIRECTORS

TITLE D
NAME LITTLES, ALMA M.D.
STREET ADDRESS 1269 W CALL STREET
CITY-ST-ZIP TALLAHASSEE, FL 323064300

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

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

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

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

TITLE D
NAME HILL, MOLLIE H
STREET ADDRESS 1269 W CALL STREET
CITY-ST-ZIP TALLAHASSEE, FL 323064300

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IN THIS SPACE**

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:

Mollie Hill

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/5/05
Date

(850)644-8936
Daytime Phone #

T. Roberts APR 25 2005

152'02

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

Eugene Trowers, M.D., M.P.H. (Chair)
Assistant Dean
FSU College of Medicine
Tallahassee Regional Campus
3331 Capital Oaks Drive
Tallahassee, FL 32308
Phone: 645-1261
Fax: 644-1229
E-mail: eugene.trowers@med.fsu.edu

Alma Littles, M.D.
Associate Dean for Academic Affairs
FSU College of Medicine
1115 W. Call Street
Tallahassee, FL 32306-4300
Phone: 644-5905
Fax: 644-9399
E-mail: alma.littles@med.fsu.edu

Avon Doll, M.D.
North Florida Nephrology
1609 Physicians Drive
Tallahassee, FL 32308
Phone: 878-1171
Fax: 942-1291
E-mail: nephrology3@earthlink.net

Mollie H. Hill
Director of Community Clinical Relations
FSU College of Medicine
1115 W. Call Street
Tallahassee, FL 32306-4300
Phone: 644-8936
Fax: 644-9399
E-mail: mollie.hill@med.fsu.edu

John Hogan
Executive Director
Capital Health Plan
P.O. Box 15349
Tallahassee, FL 32317-5349
Phone: 383-3492
Fax: 383-3497
E-mail: cfs@mail.capitalhealthplan.com

G. Mark O'Bryant
CEO/President
Tallahassee Memorial HealthCare
1300 Miccosukee Rd.
Tallahassee, FL 32308
Phone: 431-5380
Fax: 431-5883
E-mail: mark.obryant@tmh.org

Marjorie Kirsch, M.D.
Medical Director
Leon County Health Department
1515 Old Bainbridge Road
Tallahassee, FL 32303
Phone: 488-2223; 487-3146
Fax: 488-1384
Mobile: 933-4750
E-mail: marjorie_kirsch@doh.state.fl.us

David B. Ramsay
Chairman, President & CEO
SunTrust Bank, Northwest Florida
3522 Thomasville Road
Tallahassee, FL 32309
Phone: 907-5185
Fax: 907-5158
E-mail: david.ramsay@suntrust.com

Sharon Roush, CEO
Capital Regional Medical Center
2626 Capital Medical Blvd.
Tallahassee, FL 32308
Phone: 656-5015
Fax: 656-5198
E-mail: sharon.roush@hcahealthcare.com

Mike Fields
Tallahassee Market President
Bank of America
315 S. Calhoun Street
Tallahassee, FL 32301
Phone: 561-1720
E-mail: mike.fields@bankofamerica.com