2008 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT**

SIGNATURE:

BIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED DOCUMENT # N01000008428 FSU.COM/BIG BEND OF FLORIDA. INC. 08 MAR 24 PM 1: 17 SECHLIMA OF STATE Principal Place of Business Mailing Address TALLAHASSEE, FLORIDA 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 - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 03062008 Chq-NP CR2E037 (12/06) 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 Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name STEFFENS, BETTY 424 WESTCOTT BUILDING Street Address (P.O. Box Number is Not Acceptable) FLORIDA STATE UNIVERSITY TALLAHASSEE, FL 32306-1400 Zip Code FL 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. <u>3/6/08</u> SIGNATURE (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing Filing Fee is \$61.25 Make check payable to \$5.00 May Be Due by May 1, 2008 Trust Fund Contribution. Florida Department of State Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. TITLE ☐ Delete TITLE See attachment for ☐ Addition LITTLES, ALMA M.D. complete list NAME NAME 1269 W CALL STREET STREET ADDRESS STREET ADDRESS of directors CITY-ST-ZIP TALLAHASSEE, FL 323064300 CITY+ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition HOGAN, JOHN NAME NAME STREET ADDRESS P.O. BOX 15349 STREET ADDRESS CITY-ST-7IP TALLAHASSEE, FL 323175349 CITY - ST - ZIP TITLE ☐ Delete TITLE Change ☐ Addition ROUSH, SHARON NAME NAME 2626 CAPITAL MEDICAL BLVD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP TALLAHASSEE, FL 32308 CITY - ST - 71P TITLE ☐ Delete TITLE ☐ Change ☐ Addition DOLL, AVON M.D. NAME 500121111705 03/25/08--01004--016 **61.25 NAME 1609 PHYSICIANS DRIVE STREET ADDRESS STREET ADDRESS TALLAHASSEE, FL 32308 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition KIRSCH, MARJORIE M.D. NAME NAME STREET ADDRESS 1515 OLD BAINBRIDGE ROAD STREET ADDRESS CITY-ST-ZIP TALLAHASSEE, FL 32303 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition HILL, MOLLIE H NAME NAME STREET ADDRESS 1269 W CALL STREET STREET ADDRESS CITY-ST-ZIP TALLAHASSEE, FL 323064300 CITY-ST-ZIP 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 execute this 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. Nolli N. Hri

3/10/08

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