

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED

04 APR 22 AM 11:59

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N03000010966

1. Entity Name
FSU COM/WEST COAST, INC.



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

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

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04072004

Chg-NP

CR2E037 (10/03)

City & State

City & State

4. FEI Number

Not Applicable

Applied For

Not Applicable

Zip

Country

Zip

Country

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

STEFFENS, BETTY
THE FLORIDA STATE UNIVERSITY
211 WESTCOTT BUILDING
TALLAHASSEE, FL 32306-1470

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

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

(NOTE: Registered Agent signature required when reinstating)

4/7/04

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Change ☐ Addition

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: Melvin H. Hill

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/7/04

DATE

850-644-8936

Daytime Phone #

**Board Members of the FSU COM/West Coast, Inc.
(Sarasota Community Board)**

New Appointments

Adam Bright, M.D.
(Sarasota County Medical Society)
4937 Clark Road
Sarasota, FL 34233

G. Duncan Finlay, Jr., M.D.
CEO
Sarasota Memorial Health Care System
1700 S. Tamiami Trail
Sarasota, FL 34239

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

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

Mr. Douglas R. Lockett
COO
Doctors Hospital of Sarasota
5731 Bee Ridge Road
Sarasota, FL 34233

Sandra K. MacLeod, M.D.
Sarasota County Health Department
Ringling Health Center
2200 Ringling Blvd.
Sarasota, FL 34237

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

450000 00
PAGE 14

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 54000123065 ADOCNO V031988

ACCOUNT CODE	CF	TC	OBJECT	AMOUNT	BENEFITTING DATA
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 # 000010966 61.25
TRANSACTION CODE TOTAL - 25		61.25	45	61.25	

TR 96
453001
11
00/015

ENTERED APR 20 2004

04/09/04

FLORIDA STATE UNIVERSITY - PRO FORMA INVOICE - (FORM 9)

BF-ORG	451010001324530010000	BF-EO		BF-OB	001000
CONTRACT NO		OCA		BF-CA	000100

DATE APPROVED	TOTAL AMT	\$61.25
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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