2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2007
Secretary of State

DOCUMENT# N06000007599

Entity Name: FSACOFP FOUNDATION, INC.

Current Principal Place of Business:

2563 CAPITAL MEDICAL BOULEVARD
TALLAHASSEE, FL 323078

New Principal Place of Business:

Current Mailing Address:

2563 CAPITAL MEDICAL BOULEVARD
TALLAHASSEE, FL 323078

New Mailing Address:

FEI Number: 20-5233437 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BODKIN, LARRY E
2563 CAPITAL MEDICAL BOULEVARD
TALLAHASSEE, FL 323078 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: SILVAGNI, ANTHONY DO
Address: 2563 CAPITAL MEDICAL BOULEVARD
City-St-Zip: TALLAHASSEE, FL 323078

Title: D ( ) Delete
Name: BELLINGAR, BRIDGET DO
Address: 2563 CAPITAL MEDICAL BOULEVARD
City-St-Zip: TALLAHASSEE, FL 323078

Title: D ( ) Delete
Name: DEGAETANO, JOSEPH DO
Address: 2563 CAPITAL MEDICAL BOULEVARD
City-St-Zip: TALLAHASSEE, FL 323078

Title: D ( ) Delete
Name: SHUCK, RANDY DO
Address: 2563 CAPITAL MEDICAL BOULEVARD
City-St-Zip: TALLAHASSEE, FL 323078

Title: D ( ) Delete
Name: JAMES, GREGORY DO
Address: 2563 CAPITAL MEDICAL BOULEVARD
City-St-Zip: TALLAHASSEE, FL 323078

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LARRY E. BODKIN, JR. MR 04/18/2007

Electronic Signature of Signing Officer or Director — Date