

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000008980

FILED  
Sep 05, 2007  
Secretary of State

**Entity Name:** FSU COLLEGE OF MEDICINE CLASS OF 2010, INC.

**Current Principal Place of Business:**

1115 WEST CALL STREET  
TALLAHASSEE, FL 32306

**New Principal Place of Business:**

**Current Mailing Address:**

1115 WEST CALL STREET  
TALLAHASSEE, FL 32306

**New Mailing Address:**

**FEI Number:** 35-2279336      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**Name and Address of Current Registered Agent:**

FLOYD, LEROY C III  
1115 WEST CALL STREET  
TALLAHASSEE, FL 32306      US

**Name and Address of New Registered Agent:**

NEAL, HEIDI A  
1115 WEST CALL STREET  
TALLAHASSEE, FL 32306      US

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: HEIDI A. NEAL

09/05/2007

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: MR. ( ) Change (X) Addition  
Name: SOCHET, ANTHONY A  
Address: 1115 W. CALL ST.  
City-St-Zip: TALLAHASSEE, FL 32306

I hereby certify that the information supplied with this filing does not qualify 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: ANTHONY A. SOCHET

MR.

09/05/2007

Electronic Signature of Signing Officer or Director

Date