

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



03152007 Chg-NP CR2E037 (12/06)

DOCUMENT # N06000011538 1. Entity Name FSU COM/VOLUSIA COUNTY, INC.					
Principal Place of Business THE FLORIDA STATE UNIVERSITY 211 WESTCOTT BLDG TALLAHASSEE, FL 32306-1470			Mailing Address THE FLORIDA STATE UNIVERSITY 211 WESTCOTT BLDG TALLAHASSEE, FL 32306-1470		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
4. FEI Number			<input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable		
5. Certificate of Status Desired <input type="checkbox"/> \$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 BLDG TALLAHASSEE, FL 32306-1470			Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>		
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 <u>Betty Steffens</u> <small>Signature, typed or printed name of registered agent and title if applicable.</small>			DATE <u>3/15/07</u> <small>(NOTE: Registered Agent signature required when reinstating)</small>		
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
900096372829 04/10/07--01048--003 **61.25					
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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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 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: <u>Melli H. Hui</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			DATE <u>3/16/07</u> DAYTIME PHONE # <u>(850)644-8936</u>		

Board Members of the FSU COM/Volusia County, Inc.

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Luckey Dunn, M.D. (Chair)
Campus Dean
Regional School Campus – Daytona Beach
FSU College of Medicine
1200 W. International Speedway, Blvd.
Daytona Beach, FL 32114
Phone: 386-506-4514
Fax: 386-506-4515
Email: luckey.dunn@med.fsu.edu

Kent Sharples
President
Daytona Beach Community College
1200 W. International Speedway, Blvd.
Daytona Beach, FL 32114
Phone: 386-508-3000 x3200
Email: sharpk@dbcc.edu; mercerc@dbcc.edu

Jeff Feasel
President/CEO
Halifax Medical Center
303 N. Clyde Morris Blvd.
Daytona Beach, FL 32114
Phone: 386-322-4771
Fax: 386-322-4772
Email: jfeasel@halifax.org

Mollie H. Hill
Director of Community Clinical Relations
FSU College of Medicine
1115 W. Call Street
Tallahassee, Florida 32306-7300
Phone: 850-644-8936
Fax: 850-644-9399
Email: mollie.hill@med.fsu.edu

Alma Littles, M.D.
Senior Associate Dean for Academic Affairs
FSU College of Medicine
1115 W. Call Street
Tallahassee, Florida 32306-4300
Phone: 850-644-5905
Fax: 850-644-9399
Email: alma.littles@med.fsu.edu

Mike Gentry
CEO
Florida Hospital Ormond Memorial
875 Sterthaus Avenue
Ormond Beach, FL 32174
Phone: 386-676-6000
Email: mike.gentry@fhms.org

Steve Miles, M.D.
Radiology Associates
P.O. Box 48
Daytona Beach, FL 32176
Phone: 386-274-7118
Fax: 386-274-7057
Email: xraymiles@hotmail.com

William Schildecker, M.D.
Retired
Bert Fish Foundation
7 Pleasant View Circle (home)
Daytona Beach, FL 32118
Phone: 386-756-1126
Email: schildeck@aol.com