


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N07000003868	
1. Entity Name FSU COM/TREASURE 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
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

FILED
08 MAR 24 PM 1:17
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



03062008 Chg-NP CR2E037 (12/06)

4. FEI Number	<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent STEFFENS, BETTY THE FLORIDA STATE UNIVERSITY 211 WESTCOTT BUILDING TALLAHASSEE, FL 32306-1470	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 DATE 3/6/08
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25 Due by May 1, 2008	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
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	See attached for complete list of directors <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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
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
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
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
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

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: Melvin H. Hill DATE 3/10/08 DAYTIME PHONE # 850-644-8936
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FORT PIERCE COMMUNITY BOARD

NAME	COMPANY	TITLE	ADDRESS	Phone	EMAIL
Randall Bentelette	FSU College of Medicine	Regional Campus Dean	3209 Virginia Avenue Fort Pierce, FL 34981	772-462-7041 (w) 772-462-7040 (fax)	randall.bentelette@med.fsu.edu
Vernon D. Smith	Riverside National Bank		1600 South MS-1 Fort Pierce, FL 34950	772-462-5056 (w) 772-979-1000- (cell)	vernon.smith@riversidenb.com
Floyd "Bud" D. Jordan	Smith Barney	Senior VP -Wealth Management	12 Castle Hill Way Stuart, FL 34996	772-287-3300 (w) 772-283-8098 (h) 406-995-7194 (montana)	floyd.d.jordan@smithbarney.com
Edwin R. Massey, PhD	Indian River Community College	President	3209 Virginia Avenue Fort Pierce, FL 34981	772-462-4724 (fax) 772-216-8284 (cell) 772-462-4722 (w)	emassey@ircc.edu
(Secretary - Suzanne Parsons)				772-462-4763 (direct)	sparsons@ircc.edu
Thomas Pentz (Secretary - Patricia Rochedieu)	Lawnwood Regional Medical Center	CEO	1700 S. 23rd Street Fort Pierce, FL 34950	772-468-4500 (w) 772-468-1353 (fax)	thomas.pentz@hcahealthcare.com patricia.rochedieu@hcahealthcare.com
Gary Cantrell (Secretary - Diana Walry)	St. Lucie Medical Center	CEO	1800 SE Tiffany Avenue Port St. Lucie, FL 34952 (Home) 11123 Lands End Chase Port St. Lucie, FL 34986	772-335-4000 x3100 (w) 772-398-3608 (fax) 772-467-1447 (h) 772-320-6492 (cell)	gary.cantrell@hcahealthcare.com diana.walry@hcahealthcare.com
Richmond (Dick) Hamman	Martin Memorial Health Systems	President/CEO	200 SE Hospital Avenue P O. Box 9010 Stuart, FL 34995	772-223-5945 x3006 (w) 772-223-5946 (fax)	dhamman@mhmhs-fla.org
(Secretary Amrita Fucci)				772-223-5945 x3006	afucci@mhmhs-fla.org
Jeffrey Susi (Secretary - Lisa Lictra)	Indian River Memorial Hospital	CEO	1000 36th Street Vero Beach, FL 32960	772-567-4311 x1101 (w) 772-562-5628 (fax)	jeffrey.susi@irmc.cc lisa.licitra@irmc.cc
Ben Bailey, III (Secretary - Tanya Atkinson)		CEO/Owner	P O. Box 2069 Vero Beach, FL 32961 (Home) 941 Sandfly Lane Vero Beach, FL 32963	772-473-6922 (cell) 307-203-2089 (wyoming) 772-234-3971 (h) 772-567-9665 (w) 772-567-7654 (fax)	bbaileyiii@aol.com tanya.cgc@bellsouth.net
Alastair C. Kennedy, MD	Indian River Medical Society	Internal Medicine	Medical Arts Complex, Suite 1-A 1300 36th Street Vero Beach, FL 32960	772-569-8550 (w) 772-567-4345 (fax)	ackenn@bellsouth.net
Mollie Hill	FSU COM	Director, Community Clinical Relations			
Dr. Alma Little	FSU COM	Senior Associate Dean for Academic Affairs			