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FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS

1996

DOCUMENT #
1. Corporation Name

747823

(3)

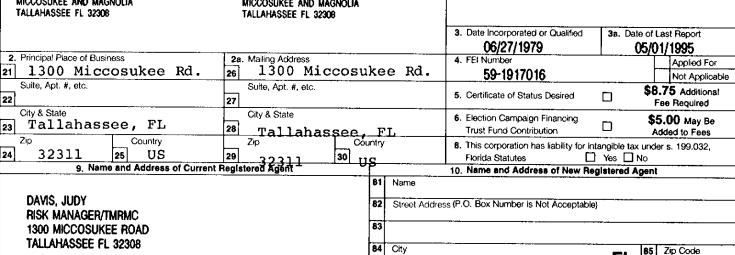
TALLAHASSEE MEMORIAL REGIONAL MEDICAL CENTER. IN C.

MICCOSUKEE AND MAGNOLIA TALLAHASSEE FL 32308

Principal Place of Business

Mailing Address

MICCOSUKEE AND MAGNOLIA



or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.					
SIGNATURE					
Signature, typod or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE					
12.	12. OFFICERS AND DIRECTORS		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P DELETE	1.1 TITLE	☐ Change ☐ Addition		
NAME	NOORE, DUNCAN	1.2 NAME			
STREET ADDRESS	2179 MILLERS LANDING RD. SEE ATTACHED	1.3 STREET ADORESS			
CITY-ST-ZIP	TALDAHASSEE FL	1.4 CITY - ST - ZIP			
TITLE	CD DELETE	21 TITLE	☐ Change ☐ Addition		
NAME	LAWHORN, THOMAS I. MD	22 NAME	·		
STREET ADDRESS					
CITY-ST-ZIP	TALLAHASSEE RL	2. 4 CITY-ST-ZIP			
TITLE	D DELETE	3.1 TITLE	Change Addition		
NAME	BRICKLER, ALEX D., M.D.	3.2 NAME			
STREET ADDRESS	1705 SOUTH ADAMS STREET	3.3 STREET ADDRESS			
CITY-ST-ZIP	TALLAHASSEE FL	3.4 CITY-ST-ZIP			
TITLE	D DELETE	4.1 TITLE	20001709752 -04/23/9601001031 Addition		
NAME	LEWIS, JOHN R. PH D	4. 2 NAME	***61 JL		
STREET ADDRESS	1 ' 1		***61.25		
CITY-ST-ZIP	TALLAHASSEE FL	4.4 CITY-ST-ZIP			
TITLE	SD DELETE	5.1 TITLE	Change Addition		
NAME	HUGHES, PEGGY	52 NAME			
STREET ADDRESS	3375-E CAPITAL CIRCLE NE	53 STREET ADDRESS			
CITY - ST - ZIP	TALLAHASSEE FL	54 CITY-ST-ZIP			
TITLE	D DELEME	61 TITLE	☐ Change ☐ Addition		
NAME	LAWHORN, THOMAS I. M. D	6.2 NAME	(a)		
STREET ADDRESS	1401 CENTERHILL ROAD #705	6.3 STREET ADDRESS	1-20		
CITY-ST-ZIP	TALLAHASSEE FL	6.4 CITY-ST-ZIP			
14. I do hereby certify that the information supplied with this filling is voluntarily furnished and does not qualify for the exemption stated in Section 119 07/3/W. Florida State to 14 Dec					

I do nereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k). Florida Statutes. I fulfiller certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 or no an attachment with an address.

SIGNATURE:

OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Duncan Moore

904/681-5238

CR2E037 (12/95)

TALLAHASSEE MEMORIAL REGIONAL MEDICAL CENTER, INC. OFFICERS AND DIRECTORS

- Alex D. Brickler, M.D. 1705 South Adams Street Tallahassee, FL 32301
- D Michael Forsthoefel, M.D. 1401 Centerville Road Suite 400 Tallahassee, FL 32308
- V/D Mrs. Peggy Hughes
 3375-E Capital Circle N.E.
 Tallahassee, FL 3308
- S/D Mr. John K. Humphress 1040 East Park Ave. Tallahassee, FL 32301
 - Thomas I. Lawhorn, M.D. 1405 Centerville Road
 - Suite 5000Tallahassee, FL 32308

John R. Lewis, Ph.D.

T/D The Chesley House

401 East Virginia Street
Tallahassee, FL 32301

Margaret Lewis, RN, Ph.D.

FAMU School of Nursing
P. O. Box 136

Tallahassee, FL 32307

- Mr. Jerry McDaniel 802 Hillcrest Street Tallahassee, FL 32308
- Mr. Charles Mitchell
 3121 Hartsfield Road
 Tallahassee, FL 32303
- Mr. Herbert F. Morgan 1836-200 Hermitage Blvd. Tallahassee, FL 32308
 - Mr. J. Brent Pichard Post Office Box 13646 Tallahassee, FL 32317

E. Ray Solomon, Ph.D.D 3114 Middlebrooks Circle Tallahassee, FL 32312

Mr. Larry Strom
D R.R. 31, Box 178
Tallahassee, FL 32312

Mr. Duncan Moore
D 2179 Miller Landing Rd.
Tallahassee, FL 32312