

FILE NOW: FILING FEE IS \$61.25

1-2

NONPROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 747823 (3)
1. Corporation Name
TALLHASSEE MEMORIAL REGIONAL MEDICAL CENTER, IN C.



Principal Place of Business Mailing Address
MICCOSUKEE AND MAGNOLIA TALLHASSEE FL 32308

3. Date Incorporated or Qualified **06/27/1979** 3a. Date of Last Report **05/01/1995**
4. FEI Number **59-1917016** Applied For Not Applicable
5. Certificate of Status Desired **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address
21 **1300 Miccosukee Rd.** 26 **1300 Miccosukee Rd.**
Suite, Apt. #, etc. Suite, Apt. #, etc.
22 City & State 27 **Tallahassee, FL**
23 **Tallahassee, FL** 28 **Tallahassee, FL**
Zip Country Zip Country
24 **32311** 25 **US** 29 **32311** 30 **US**

9. Name and Address of Current Registered Agent
DAVIS, JUDY
RISK MANAGER/TMRMC
1300 MICCOSUKEE ROAD
TALLHASSEE FL 32308

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	P <input type="checkbox"/> DELETE
NAME	MOORE, DUNCAN
STREET ADDRESS	2179 MILLERS LANDING RD. [SEE ATTACHED]
CITY-ST-ZIP	TALLHASSEE FL
TITLE	CD <input type="checkbox"/> DELETE
NAME	LAWHORN, THOMAS I. MD
STREET ADDRESS	1401 CENTERVILLE ROAD #705
CITY-ST-ZIP	TALLHASSEE FL
TITLE	D <input type="checkbox"/> DELETE
NAME	BRICKLER, ALEX D., M.D.
STREET ADDRESS	1705 SOUTH ADAMS STREET
CITY-ST-ZIP	TALLHASSEE FL
TITLE	D <input type="checkbox"/> DELETE
NAME	LEWIS, JOHN R. PH D
STREET ADDRESS	401 EAST VIRGINIA STREET
CITY-ST-ZIP	TALLHASSEE FL
TITLE	SD <input type="checkbox"/> DELETE
NAME	HUGHES, PEGGY
STREET ADDRESS	3375-E CAPITAL CIRCLE NE
CITY-ST-ZIP	TALLHASSEE FL
TITLE	D <input type="checkbox"/> DELETE
NAME	LAWHORN, THOMAS I. M. D
STREET ADDRESS	1401 CENTERHILL ROAD #705
CITY-ST-ZIP	TALLHASSEE FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	200001789752
4.3 STREET ADDRESS	-04/23/96--01001--051
4.4 CITY-ST-ZIP	***61.25
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do hereby 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 further 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 if changed, or on an attachment with an address.

SIGNATURE: Duncan Moore **Duncan Moore** 904/681-5238
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)

4-22-96

TALLAHASSEE MEMORIAL REGIONAL MEDICAL CENTER, INC.

OFFICERS AND DIRECTORS

- D 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
- D Thomas I. Lawhorn, M.D.
1405 Centerville Road
Suite 5000
Tallahassee, FL 32308
- T/D John R. Lewis, Ph.D.
The Chesley House
401 East Virginia Street
Tallahassee, FL 32301
- D Margaret Lewis, RN, Ph.D.
FAMU School of Nursing
P. O. Box 136
Tallahassee, FL 32307
- D Mr. Jerry McDaniel
802 Hillcrest Street
Tallahassee, FL 32308
- D Mr. Charles Mitchell
3121 Hartsfield Road
Tallahassee, FL 32303
- C/D Mr. Herbert F. Morgan
1836-200 Hermitage Blvd.
Tallahassee, FL 32308
- D Mr. J. Brent Pichard
Post Office Box 13646
Tallahassee, FL 32317
- D E. Ray Solomon, Ph.D.
3114 Middlebrooks Circle
Tallahassee, FL 32312
- D Mr. Larry Strom
R.R. 31, Box 178
Tallahassee, FL 32312
- D Mr. Duncan Moore
2179 Miller Landing Rd.
Tallahassee, FL 32312