

**FILE NOW: FILING FEE IS \$61.25**

**FILED**  
**Apr 28 1997 8:00am**  
**Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT 1997	FLORIDA DEPARTMENT OF REVENUE Sandra B. ... Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 747823**  
 1. Corporation Name  
**TALLAHASSEE MEMORIAL REGIONAL MEDICAL CENTER, INC.**

Principal Place of Business 1300 MICCOSUKEE RD. TALLAHASSEE, FL 32308	Mailing Address 1300 MICCOSUKEE RD. TALLAHASSEE, FL 32308
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2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified 6/27/1979	3a. Date of Last Report 06/01/1996
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.	4. FEI Number 59-1917016	Applied For Not Applicable
22. City & State	27. City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23. Zip	28. Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24. Country	29. Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent <b>DAVIS, JUDY RISK MANAGER/TMRMC 1300 MICCOSUKEE ROAD TALLAHASSEE, FL 32308</b>	10. Name and Address of New Registered Agent 81. Name 82. Street Address (P.O. Box Number is Not Acceptable) 83. 84. City 85. Zip Code <b>FL</b>
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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: \_\_\_\_\_ DATE: \_\_\_\_\_  
(Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SEE ATTACHED</b>	1.2 NAME	
STREET ADDRESS		1.3 STREET ADDRESS	
CITY - ST - ZIP		1.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY - ST - ZIP		2.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY - ST - ZIP		3.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 Date: \_\_\_\_\_ Daytime Phone: 681-5238

CR2E037 (9/96)

BOARD OF DIRECTORS

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TALLAHASSEE MEMORIAL REGIONAL MEDICAL CENTER, INC.

1996-97

Addresses

D Mr. Dennis Boyle  
John H. Phipps, Inc.  
3110 Capital Circle, N.E.  
Tallahassee, FL 32308

D Alex D. Brickler, M.D.  
1705 South Adams Street  
Tallahassee, FL 32301

D Jack Crow, Ph.D.  
NHMFL  
1800 East Paul Dirac Drive  
Tallahassee, FL 32306

C/D Ms. Peggy Hughes  
8887 Saltcoates Court  
Tallahassee, FL 32312

D Mr. John K. Humphress  
1040 East Park Ave.  
Tallahassee, FL 32301

S/D Thomas I. Lawhorn, M.D.  
1405 Centerville Road  
Suite 5000  
Tallahassee, FL 32308

V/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  
Martin Luther King & Palmer St.  
#103 Warehoney Bldg.  
Tallahassee, FL 32307

D Terence P. McCoy, M.D.  
2412 West Plaza Drive  
Tallahassee, Florida 32308

D Mr. Jerry McDaniel  
802 Hillcrest Avenue  
Tallahassee, FL 32308

D Mr. Charles Mitchell  
3121 Hartsfield Road  
Tallahassee, FL 32303

T/D Mr. J. Brent Pichard  
2211 Ellicott Drive  
Tallahassee, FL 32312

D Mr. Larry Strom  
3127 West Tennessee St.  
Tallahassee, FL 32304

D Mr. John Perty Thomas  
Thomas, Howell & Ferguson  
2120 Killearney Way  
Tallahassee, FL 32308

D Mr. Duncan Moore  
1300 Miccosukee Road  
Tallahassee, FL 32308