

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 19, 2002 8:00 am**  
**Secretary of State**

05-19-2002 90202 024 \*\*\*\*61.25

**DOCUMENT # 747823**

1. Entity Name

**TALLAHASSEE MEMORIAL HEALTHCARE, INC.**

Principal Place of Business

Mailing Address

**1300 MICCOSUKEE RD.  
 TALLAHASSEE FL 32311**

**1401 CENTERVILLE RD.  
 BOX 210  
 TALLAHASSEE FL 32308**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**59-1917016**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**DAVIS, JUDY  
 RISK MANAGER/TMRC  
 1300 MICCOSUKEE ROAD  
 TALLAHASSEE FL 32308**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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.

SIGNATURE \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

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

9. Election Campaign Financing Trust Fund Contribution.

**\$5.00** May Be Added to Fees

**Make Check Payable to Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>LEE, ESAISA MD</b> <b>1300 MICCOSUKEE RD.</b> <b>TALLAHASSEE FL 32308</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>MCDANIEL, JERRY</b> <b>1300 MICCOSUKEE RD.</b> <b>TALLAHASSEE FL 32308</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>MITCHELL, CHARLES</b> <b>1300 MICCOSUKEE RD.</b> <b>TALLAHASSEE FL 32308</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>NOBLIN, MILLARD</b> <b>1300 MICCOSUKEE RD.</b> <b>TALLAHASSEE FL 32308</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>THOMAS, JOHN P</b> <b>1300 MICCOSUKEE RD.</b> <b>TALLAHASSEE FL 32308</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>MOORE, DUNCAN</b> <b>1300 MICCOSUKEE RD.</b> <b>TALLAHASSEE FL 32308</b>	<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"/> Change <input type="checkbox"/> Addition
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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 exemption stated in Section 119.07(3)(i), 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: *Duncan Moore* **SIGNATURE REQUIRED** Duncan Moore

*4/30/02*

(850) 431-5380

CR2E037 (9/01)

Attachment #

747822  
793777

**TALLAHASSEE MEMORIAL HEALTHCARE, INC.**

**BOARD OF DIRECTORS**

C	Susan Thompson 1300 Miccosukee Rd. Tallahassee, FL 32308	D	Charles Mitchell 1300 Miccosukee Rd. Tallahassee, FL 32308
VC	Jerry McDaniel 1300 Miccosukee Rd. Tallahassee, FL 32308	D	Millard Noblin 1300 Miccosukee Rd. Tallahassee, FL 32308
S	Jack Crow, Ph.D. 1300 Miccosukee Rd. Tallahassee, FL 32308	D	Roger Smith 1300 Miccosukee Rd. Tallahassee, FL 32308
T	Mike Fields 1300 Miccosukee Rd. Tallahassee, FL 32308	D	Larry Strom 1300 Miccosukee Rd. Tallahassee, FL 32308
D	Dennis Boyle 1300 Miccosukee Rd. Tallahassee, FL 32308	D	John Perry Thomas 1300 Miccosukee Rd. Tallahassee, FL 32308
D	Michael W. Forsthoefel, M.D. 1300 Miccosukee Rd. Tallahassee, FL 32308	D	Duncan Moore 1300 Miccosukee Rd. Tallahassee, FL 32308
D	Karl F. Hempel, M.D. 1300 Miccosukee Rd. Tallahassee, FL 32308		
D	Esias F. Lee, M.D. 1300 Miccosukee Rd. Tallahassee, FL 32308		
D	Margaret Lewis, Ph.D. 1300 Miccosukee Rd. Tallahassee, FL 32308		