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# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT


FILED

05 MAY -2 AM 8:36

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # 747823**

1. Entity Name  
TALLAHASSEE MEMORIAL HEALTHCARE, INC.



Principal Place of Business  
1300 MICCOSUKEE RD.  
TALLAHASSEE, FL 32311


Mailing Address  
1401 CENTERVILLE RD.  
BOX 210  
TALLAHASSEE, FL 32308

2. Principal Place of Business  
Suite, Apt. #, etc.

3. Mailing Address  
Suite, Apt. #, etc.

City & State

Zip Country



04252005 Chg-NP CR2E037 (10/03) 05

4. FEI Number  
59-1917016

Applied For  
Not Applicable

5. Certificate of Status Desired  \$8.75 Additional Fee Required

**6. Name and Address of Current Registered Agent**

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

**7. Name and Address of New Registered Agent**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**Filing Fee is \$61.25 Due by May 1, 2005**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

**Make check payable to Florida Department of State**

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PO O'BRYANT, MARK S E E 1300 MICCOSUKEE RD. TALLAHASSEE, FL 32308	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD BOYLE, DENNIS 1300 MICCOSUKEE RD. TALLAHASSEE, FL 32308	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD FIELDS, MIKE 1300 MICCOSUKEE RD. TALLAHASSEE, FL 32308	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD FORSTHOEFEL, MICHAEL 1300 MICCOSUKEE RD. TALLAHASSEE, FL 32308	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LEE, ESAIAS JR 1300 MICCOSUKEE RD. TALLAHASSEE, FL 32308	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VCD CROW, JACK PHD 1300 MICCOSUKEE RD. TALLAHASSEE, FL 32308	<input type="checkbox"/> Delete

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>300054669063</b> <b>05/17/05--01032--016 **61.25</b>
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
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

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:** G. Mark O'Bryant

G. Mark O'Bryant 4-25-05 850-431-5380

Signature and typed or printed name of signing officer or director Date Daytime Phone #

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**TALLAHASSEE MEMORIAL HEALTHCARE, INC.  
BOARD OF DIRECTORS  
1300 Miccosukee Road  
Tallahassee, FL 32308**

**2004-2005**

- CD** John Perry Thomas , Chair
- VC/D** Mike Fields, Vice Chairman
- SD** Michael Forsthoefel, M.D., Secretary
- T/D** Martin Proctor, Treasurer
  - D** Debra Austin, Ph.D.
  - D** Dennis Boyle
  - D** Harold Brock
  - D** Joseph L. Camps, M.D.
  - D** Frank E. Gredler, M.D.
  - D** Esaias Lee, Jr., M.D.
  - D** Millard Noblin
  - P/D** Mark O'Bryant
  - D** David L. Saint, M.D.
  - D** Susan S. Thompson
  - D** Kim Williams