


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 15, 2006 8:00 am
Secretary of State

05-15-2006 90037 020 ****61.25

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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip
 32308

Country

Zip

Country

02242006 Chg-NP CR2E037 (11/05)

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, 2006

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	CD THOMAS, JOHN P 1300 MICCOSUKEE RD. TALLAHASSEE, FL 32308	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VCD FIELDS, MIKE 1300 MICCOSUKEE RD. TALLAHASSEE, FL 32308	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD FORSTHOEFEL, MICHAEL 1300 MICCOSUKEE RD. TALLAHASSEE, FL 32308	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD PROCTOR, MARTIN 1300 MICCOSUKEE RD. TALLAHASSEE, FL 32308	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D AUSTIN, DEBRA PH.D 1300 MICCOSUKEE RD. TALLAHASSEE, FL 32308	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BOYLE, DENNIS 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
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
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 exemptions contained in Chapter 119, 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: Mark O' Bryant **Mark O' Bryant** 4-5-06 850-431-5380

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #



**Tallahassee Memorial
HealthCare**

ATTACHMENT

40091881

#747823

TALLAHASSEE MEMORIAL HEALTHCARE, INC.

BOARD OF DIRECTORS

2005-2006

1300 Miccosukee Road - Tallahassee, FL 32308

D Debra Austin, Ed.D.
D Esaias Lee, Jr., M.D.
D Mr. Harold Brock
D Mr. Millard Noblin
D Joseph L. Camps, M.D.
D/S Mr. Martin Proctor
D Laurie L. Dozier, III
D/T David L. Saint, M.D.
D Erin Ennis
D Susan S. Thompson
D/C Michael M. Fields
D Kim Williams
D/VC Michael Forsthoefel, M.D.
D Gary Winchester, M.D.

D G. Mark O'Bryant