


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED

2008 APR 30 AM 8:17

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 - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
04072008		Chg-NP CR2E037 (12/06)	
4. FEI Number 59-1917016		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
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. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FIELDS, MICHAEL	NAME	SEE ATTACHED
STREET ADDRESS	1300 MICCOSUKEE RD.	STREET ADDRESS	
CITY-ST-ZIP	TALLAHASSEE, FL 32308	CITY-ST-ZIP	
TITLE	DC <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FORSTHOEFEL, MICHAEL MD	NAME	
STREET ADDRESS	1300 MICCOSUKEE RD.	STREET ADDRESS	
CITY-ST-ZIP	TALLAHASSEE, FL 32308	CITY-ST-ZIP	
TITLE	DVC <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PROCTOR, MARTIN	NAME	
STREET ADDRESS	1300 MICCOSUKEE RD.	STREET ADDRESS	
CITY-ST-ZIP	TALLAHASSEE, FL 32308	CITY-ST-ZIP	
TITLE	DS <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SAINT, DAVID MD	NAME	
STREET ADDRESS	1300 MICCOSUKEE RD.	STREET ADDRESS	
CITY-ST-ZIP	TALLAHASSEE, FL 32308	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	AUSTIN, DEBRA	NAME	
STREET ADDRESS	1300 MICCOSUKEE RD.	STREET ADDRESS	
CITY-ST-ZIP	TALLAHASSEE, FL 32308	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BROCK, HAROLD	NAME	
STREET ADDRESS	1300 MICCOSUKEE RD.	STREET ADDRESS	
CITY-ST-ZIP	TALLAHASSEE, FL 32308	CITY-ST-ZIP	
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: <u>Mark O'Bryant</u>		Date: <u>4/30/08</u>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone #: <u>850-431-5380</u>	

May. 5. 2008 10:33AM TMH FINANCE

No. 1919 P. 10.

TALLAHASSEE MEMORIAL HEALTHCARE, INC.
October 2007 - September 2008
BOARD OF DIRECTORS

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

- D/C Martin Proctor
- D/VC David L. Saint, M.D.
- D/S Erin Ennis
- D/T Joseph Camps, M.D.
- D Debra Austin, Ed.D.
- D A.J. Brickler, III, M.D.
- D Harold Brock
- D Joseph L. Camps, M.D.
- D Laurie L. Dozier, III
- D Michael W. Forsthoefel, M.D.
- D Esaias F. Lee, Jr., M.D.
- D Rick Moore
- D Glenda L. Thornton
- D Susie Busch-Transou
- D Kim Williams
- D G. Mark O'Bryant

1300 Miccosukee Rd.
Tallahassee Fl
32308