

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 747823

FILED
Mar 30, 2011
Secretary of State

Entity Name: TALLAHASSEE MEMORIAL HEALTHCARE, INC.

Current Principal Place of Business:

1300 MICCOSUKEE RD.
TALLAHASSEE, FL 32311

New Principal Place of Business:

Current Mailing Address:

1401 CENTERVILLE RD.
BOX 210
TALLAHASSEE, FL 32308

New Mailing Address:

FEI Number: 59-1917016

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: DT
Name: THORNTON, GLENDA L
Address: 1300 MICCOSUKEE RD
City-St-Zip: TALLAHASSEE, FL 32308

Title: DC
Name: CAMPS, JOSEPH L MD
Address: 1300 MICCOSUKEE RD
City-St-Zip: TALLAHASSEE, FL 32308

Title: DS
Name: DOZIER, LAURIE L III
Address: 1300 MICCOSUKEE RD
City-St-Zip: TALLAHASSEE, FL 32308

Title: DVC
Name: WILLIAMS, KIM
Address: 1300 MICCOSUKEE RD
City-St-Zip: TALLAHASSEE, FL 32308

Title: D
Name: AUSTIN, DEBRA EDD
Address: 1300 MICCOSUKEE RD
City-St-Zip: TALLAHASSEE, FL 32308

Title: D
Name: O'BRYANT, MARK
Address: 1300 MICCOSUKEE RD
City-St-Zip: TALLAHASSEE, FL 32308

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: MARK O'BRYANT

D

03/30/2011

Electronic Signature of Signing Officer or Director

Date