

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sandra B. Mathem
Secretary of State
DIVISION OF CORPORATIONS

**APPROVED
AND
FILED**

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AND
FILED**

95 MAY -1 AM 3:11

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # J35655 (6)

1. Corporation Name
TALLAHASSEE MEMORIAL HEALTH VENTURES, INC.

Principal Place of Business Mailing Address
MAGNOLIA DR & MICCOSUKEE RD TALLAHASSEE FL 32308

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **09/30/1986** 3a. Date of Last Report **04/29/1994**

4. FEI Number **59-2717050** Applied For Not Applicable

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

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

7. This corporation has liability for intangible tax under § 199.032, Florida Statute: Yes No

2. Principal Place of Business 2a. Mailing Address
21. Suite Apt # etc 26. Suite Apt # etc
22. City & State 27. City & State
23. Zip 28. Zip
24. County 25. County 29. County 30. County

9. Name and Address of Current Registered Agent
**PIERCE, ROBERT A.
227 S. CALHOUN ST.
TALLAHASSEE FL 32301**

10. Name and Address of New Registered Agent
81. Name
82. Street Address (P.O. Box Number is Not Acceptable)
83.
84. City **FL** 85. Zip Code

11. Pursuant to the provisions of Sections 607.0507 and 607.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of Section 607.0505, Florida Statutes.

SIGNATURE

Signature of the person or persons named in the signature block

Signature of Registered Agent (signature required when handling)

12A

12. OFFICERS AND DIRECTORS

TITLE	DPC MOORE, DUNCAN 1300 MICCOSUKEE RD TALLAHASSEE FL	SEE ATTACHED FOR ADDITIONAL DIRECTORS
TITLE	VCD WILLIAMS, JERRY 2602 THOMASVILLE RD TALLAHASSEE FL	
TITLE	STD NOBLIN, MILLARD 1300 METROPOLITAN BLVD TALLAHASSEE FL	
TITLE	D LEWIS, GEORGE 1203 MICCOSUKEE RD TALLAHASSEE FL	
TITLE	D PROCTOR, PALMER H. 227 S. CALHOUN STREET TALLAHASSEE FL	
TITLE	D PICHARD, J. BRENT 2051 THOMASVILLE ROAD TALLAHASSEE FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2. NAME	
3. STREET ADDRESS	
4. CITY, ST, ZIP	
5. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6. NAME	
7. STREET ADDRESS	
8. CITY, ST, ZIP	
9. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
10. NAME	
11. STREET ADDRESS	
12. CITY, ST, ZIP	
13. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
14. NAME	
15. STREET ADDRESS	
16. CITY, ST, ZIP	

14. I hereby certify that the information supplied with this filing is accurately furnished and does not qualify for the exemption under § 199.032, Florida Statutes. I further certify that the information included on this annual report or supplemental annual 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 607, Florida Statutes, and that my name appears in Block 12 or Block 13 of this report, or on an attachment with an address.

SIGNATURE: *Duncan Moore*

Duncan Moore

(904) 681-5238

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE (Complete Month & Year)

J35655

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TALLAHASSEE MEMORIAL HEALTH VENTURES, INC.

Officers and Directors, Continued:

Humphress, John
1040 E Park Ave
Tallahassee, FL 32301

Moore, Edgar M.
2032-D Thomasville Road
Tallahassee, FL 32312

Smith, William G., Jr.
217 N Monroe Street
Tallahassee, FL 32301