

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

1-2

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **J35655 (6)**

1. Corporation Name
TALLHASSEE MEMORIAL HEALTH VENTURES, INC.



Principal Place of Business: **MAGNOLIA DR & MICCOSUKEE RD TALLHASSEE FL 32308**
Mailing Address: **MAGNOLIA DR & MICCOSUKEE RD TALLHASSEE FL 32308**

3. Date Incorporated or Qualified: **09/30/1986** 3a. Date of Last Report: **05/01/1995**
4. FEI Number: **59-2717050**
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s 199.032, Florida Statutes: Yes No

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

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

10. Name and Address of New Registered Agent
81. Name: **Judy Davis, Risk Manager**
82. Street Address (P.O. Box Number is Not Acceptable): **TMRMC 1300 Miccosukee Road**
83. City: **Tallahassee** 84. State: **FL** 85. Zip Code: **32308**

11. Pursuant to the provisions of Sections 607.0508 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: *Judy Davis*

12. OFFICERS AND DIRECTORS

TITLE	DPC	<input type="checkbox"/> DELETE
NAME	MOORE, DUNCAN	
STREET ADDRESS	1300 MICCOSUKEE RD	
CITY-ST-ZIP	TALLHASSEE FL	
TITLE	VCD	<input type="checkbox"/> DELETE
NAME	WILLIAMS, JERRY	
STREET ADDRESS	2602 THOMASVILLE RD	
CITY-ST-ZIP	TALLHASSEE FL	
TITLE	STD	<input type="checkbox"/> DELETE
NAME	NOBLIN, MILLARD	
STREET ADDRESS	1300 METROPOLITAN BLVD	
CITY-ST-ZIP	TALLHASSEE FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	LEWIS, GEORGE	
STREET ADDRESS	1203 MICCOSUKEE RD	
CITY-ST-ZIP	TALLHASSEE FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	PROCTOR, PALMER H.	
STREET ADDRESS	227 S. CALHOUN STREET	
CITY-ST-ZIP	TALLHASSEE FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	PICHARD, J. BRENT	
STREET ADDRESS	2051 THOMASVILLE ROAD	
CITY-ST-ZIP	TALLHASSEE FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	600001789766
4.4 CITY-ST-ZIP	-04/23/96--01001--038
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	***200.00
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated 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 if changed, or on an attachment with an address.

SIGNATURE: *Duncan Moore* **Duncan Moore** (904) 681-5238

CR2E034 (12/95)

4-23-96
JK

TALLAHASSEE MEMORIAL HEALTH VENTURES, INC.

Officers and Directors, Continued:

D Humphress, John
1040 E Park Ave
Tallahassee, FL 32301

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