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**Apr 21 1997 8:00am
Secretary of State**

**PROFIT CORPORATION
ANNUAL REPORT
1997**



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
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: **1401 CENTERVILLE RD.
BOX 210
TALLHASSEE FL 32308-4647
US**

3. Date Incorporated or Qualified: **09/30/1986** 3a. Date of Last Report: **04/23/1996**
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**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

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

9. Name and Address of Current Registered Agent
**DAVIS, JUDY
1300 MICCOSUKEE RD.
TALLHASSEE FL 32308**

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 607.0502 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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DPC <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MOORE, DUNCAN	1.2 NAME	
STREET ADDRESS	1300 MICCOSUKEE RD	1.3 STREET ADDRESS	
CITY-ST-ZIP	TALLHASSEE FL	1.4 CITY-ST-ZIP	
TITLE	VCD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILLIAMS, JERRY	2.2 NAME	
STREET ADDRESS	2602 THOMASVILLE RD	2.3 STREET ADDRESS	
CITY-ST-ZIP	TALLHASSEE FL	2.4 CITY-ST-ZIP	
TITLE	STD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NOBLIN, MILLARD	3.2 NAME	
STREET ADDRESS	1300 METROPOLITAN BLVD	3.3 STREET ADDRESS	
CITY-ST-ZIP	TALLHASSEE FL	3.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LEWIS, GEORGE	4.2 NAME	
STREET ADDRESS	1203 MICCOSUKEE RD	4.3 STREET ADDRESS	
CITY-ST-ZIP	TALLHASSEE FL	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PROCTOR, PALMER H.	5.2 NAME	
STREET ADDRESS	227 S. CALHOUN STREET	5.3 STREET ADDRESS	
CITY-ST-ZIP	TALLHASSEE FL	5.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PICHARD, J. BRENT	6.2 NAME	
STREET ADDRESS	2051 THOMASVILLE ROAD	6.3 STREET ADDRESS	
CITY-ST-ZIP	TALLHASSEE FL	6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: _____ Date: **4-14-97** Daytime Phone #: **681-5238**

CR2E034 (9/96)

TALLAHASSEE MEMORIAL HEALTH VENTURES, INC.

Officers and Directors, Continued:

D

PICHARD, J. BRENT
2051 THOMASVILLE RD
TALLAHASSEE, FL

D

SMITH, WILLIAM G., JR.
217 N MONROE ST
TALLAHASSEE, FL