

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Mar 12 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # J35655 (6)
 1. Corporation Name
TALLAHASSEE MEMORIAL HEALTH VENTURES, INC.



Principal Place of Business MAGNOLIA DR & MICCOSUKEE RD TALLAHASSEE FL 32308	Mailing Address 1401 CENTERVILLE RD. BOX 210 TALLAHASSEE FL 32308 US
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DO NOT WRITE IN THIS SPACE

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

3. Date Incorporated or Qualified 09/30/1986	
4. FEI Number 59-2717050	Applied For <input type="checkbox"/> Not Applicable
6. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
8. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent
DAVIS, JUDY
1300 MICCOSUKEE RD.
TALLAHASSEE 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	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 _____ DATE _____
Signature: typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
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	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
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 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: *[Signature]* 3-9-98 681-5238

CR2E034 (10/97)

TALLAHASSEE MEMORIAL HEALTH VENTURES, INC.

D Mr. Jerry L. Williams
2602 Thomasville Rd.
Tallahassee, FL 32312

D Mr. William G. Smith
1005 East Park Ave.
Tallahassee, FL 32301

CPD Mr. Duncan Moore
1300 Miccosukee Rd.
Tallahassee, FL 32308

D Mr. John K. Humphress
1040 East Park Ave.
Tallahassee, FL 32301

D Mr. H. Palmer Proctor
227 South Calhoun St.
Tallahassee, FL 32301

STD Mr. Millard Noblin
2810 Cline St.
Tallahassee, FL 32308

D Mr. Jerry McDaniel
802 Hillcrest Ave.
Tallahassee, FL 32308

D George N. Lewis, M.D.
5300 Bradfordville Rd.
Tallahassee, FL 32308

D Mr. J. Brent Pichard
2211 Ellicott Dr.
Tallahassee, FL 32312