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May 12, 1999 8:00 am
Secretary of State

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PROFIT CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # J35655

1. Corporation Name
TALLAHASSEE MEMORIAL HEALTH VENTURES, INC.

Principal Place of Business Mailing Address
MAGNOLIA DR & MICCOSUKEE RD 1401 CENTERVILLE RD.
TALLAHASSEE FL 32308 BOX 210
TALLAHASSEE FL 32308
US



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
23 Zip Country 28 Zip Country
24 25 29 30

3. Date incorporated or Qualified
09/30/1986
4. FEI Number Applied For
59-2717050 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 owes the current year Intangible Personal Property Tax. Yes 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 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS
TITLE DELETE
NAME WILLIAMS, JERRY L MR See attached
STREET ADDRESS 2602 THOMASVILLE RD
CITY-ST-ZIP TALLAHASSEE FL 32312
TITLE DELETE
NAME SMITH, WILLIAM G MR
STREET ADDRESS 1005 E PARK AVE
CITY-ST-ZIP TALLAHASSEE FL 32301
TITLE DELETE
NAME MOORE, DUNCAN M
STREET ADDRESS 1300 MICCOSUKEE RD
CITY-ST-ZIP TALLAHASSEE FL 32308
TITLE DELETE
NAME HUMPHRESS, JOHN K MR
STREET ADDRESS 1040 E PARK AVE
CITY-ST-ZIP TALLAHASSEE FL 32301
TITLE DELETE
NAME PROCTOR, H B MR
STREET ADDRESS 227 S CALHOUN ST
CITY-ST-ZIP TALLAHASSEE FL 32301
TITLE DELETE
NAME NOBEN, MILLARD M
STREET ADDRESS 2800 CLINE ST
CITY-ST-ZIP TALLAHASSEE FL 32308

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE Change Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP
2.1 TITLE Change Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP
3.1 TITLE Change Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP
4.1 TITLE Change Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP
5.1 TITLE Change Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP
6.1 TITLE Change 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, with all other like empowered.

SIGNATURE: *Duncan Moore* Duncan Moore 4-26-99 (850) 681-5238
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)

546707-90008-05
J35655

TALLAHASSEE MEMORIAL HEALTH VENTURES, INC.

BOARD OF DIRECTORS

VD Mr. Jerry L. Williams
1300 Miccosukee Road
Tallahassee, FL 32308

CD Mr. Duncan Moore
1300 Miccosukee Road
Tallahassee, FL 32308

D Mr. H. Palmer Proctor
1300 Miccosukee Road
Tallahassee, FL 32308

D Mr. Jerry McDaniel
1300 Miccosukee Road
Tallahassee, FL 32308

D Mr. J. Brent Pichard
1300 Miccosukee Road
Tallahassee, FL 32308

D Mr. William G. Smith
1300 Miccosukee Road
Tallahassee, FL 32308

D Mr. John K. Humphress
1300 Miccosukee Road
Tallahassee, FL 32308

STD Mr. Millard Noblin
1300 Miccosukee Road
Tallahassee, FL 32308

D George N. Lewis, M.D.
1300 Miccosukee Road
Tallahassee, FL 32308