

**2000 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 11, 2000 8:00 am**  
**Secretary of State**

05-11-2000 90296 008 \*\*\*150.00

**DOCUMENT # J35655**

1. Entity Name

**TALLAHASSEE MEMORIAL HEALTH VENTURES, INC.**

Principal Place of Business <b>MAGNOLIA DR &amp; MICCOSUKEE RD TALLAHASSEE FL 32308</b>	Mailing Address <b>1401 CENTERVILLE RD. BOX 210 TALLAHASSEE FL 32308-4647 US</b>
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

4. FEI Number <b>59-2717050</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required



DO NOT WRITE IN THIS SPACE

**6. Name and Address of Current Registered Agent**

**DAVIS, JUDY**  
**1300 MICCOSUKEE RD.**  
**TALLAHASSEE FL 32308**

**7. Name and Address of New Registered Agent**

Name \_\_\_\_\_

Street Address (P.O. Box Number is Not Acceptable) \_\_\_\_\_

City **FL** Zip Code \_\_\_\_\_

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.   
 (See criteria on back)

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2000 Fee will be \$550.00**  
**Make Check Payable to Department of State**

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

11. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VD</b> <b>WILLIAMS, JERRY L MR</b> <b>1300 MICCOSUKEE ROAD</b> <b>TALLAHASSEE FL 32308</b> <i>See Attached</i> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>CD</b> <b>MOORE, MR. DUNCAN</b> <b>1300 MICCOSUKEE RD.</b> <b>TALLAHASSEE FL 32308</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>C</b> <b>PROCTOR, MR. H. PALMER</b> <b>1300 MICCOSUKEE RD</b> <b>TALLAHASSEE FL 32308</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>MCDANIEL, MR. JERRY</b> <b>1300 MICCOSUKEE RD.</b> <b>TALLAHASSEE FL 32308</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>PICHARD, MR. J. BRENT</b> <b>1300 MICCOSUKEE ROAD</b> <b>TALLAHASSEE FL 32308</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>SMITH, MR. WILLIAM G.</b> <b>1300 MICCOSUKEE ROAD</b> <b>TALLAHASSEE FL 32308</b> <input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** *[Signature]* **Duncan Moore** **4-27-00** **(850) 431-5238**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

Attachment  
C0088283

TALLAHASSEE MEMORIAL HEALTH VENTURES, INC. #J356550

BOARD OF DIRECTORS

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

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

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

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

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

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

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

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

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