

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 13, 2001 8:00 am**  
**Secretary of State**

002677

**DOCUMENT # J35655**

1. Entity Name  
**TALLAHASSEE MEMORIAL HEALTH VENTURES, INC.**

02-13-2001 90048 034 \*\*\*150.00

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          US</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State

4. FEI Number <b>59-2717050</b>	Applied For
	Not Applicable

Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

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, 2001 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	<b>VD</b>	<input type="checkbox"/> Delete
NAME	<b>WILLIAMS, JERRY L MR</b>	
STREET ADDRESS	<b>1300 MICCOSUKEE ROAD</b>	
CITY-ST-ZIP	<b>TALLAHASSEE FL 32308</b>	
TITLE	<b>CD</b>	<input type="checkbox"/> Delete
NAME	<b>MOORE, MR. DUNCAN</b>	
STREET ADDRESS	<b>1300 MICCOSUKEE RD.</b>	
CITY-ST-ZIP	<b>TALLAHASSEE FL 32308</b>	
TITLE	<b>C</b>	<input type="checkbox"/> Delete
NAME	<b>PROCTOR, MR. H. PALMER</b>	
STREET ADDRESS	<b>1300 MICCOSUKEE RD</b>	
CITY-ST-ZIP	<b>TALLAHASSEE FL 32308</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>MCDANIEL, MR. JERRY</b>	
STREET ADDRESS	<b>1300 MICCOSUKEE RD.</b>	
CITY-ST-ZIP	<b>TALLAHASSEE FL 32308</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>PICHARD, MR. J. BRENT</b>	
STREET ADDRESS	<b>1300 MICCOSUKEE ROAD</b>	
CITY-ST-ZIP	<b>TALLAHASSEE FL 32308</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>SMITH, MR. WILLIAM G.</b>	
STREET ADDRESS	<b>1300 MICCOSUKEE ROAD</b>	
CITY-ST-ZIP	<b>TALLAHASSEE FL 32308</b>	

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS	
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TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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: Duncan Moore **Duncan Moore** **1-30-01** **(850) 431-5380**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)

Attachment  
D#J35655  
C0020517

**TALLAHASSEE MEMORIAL HEALTH VENTURES, INC.  
BOARD OF DIRECTORS**

- |          |  |           |  |
|----------|--|-----------|--|
| <b>V</b> | <b>Mr. Jerry L. Williams<br/>1300 Miccosukee Rd.<br/>Tallahassee, FL 32308</b> | <b>D</b>  | <b>Mr. William G. Smith<br/>1300 Miccosukee Rd.<br/>Tallahassee, FL 32308</b>  |
| <b>C</b> | <b>Mr. Duncan Moore<br/>1300 Miccosukee Rd.<br/>Tallahassee, FL 32308</b>      | <b>D</b>  | <b>Mr. John K. Humphress<br/>1300 Miccosukee Rd.<br/>Tallahassee, FL 32308</b> |
| <b>D</b> | <b>Mr. H. Palmer Proctor<br/>1300 Miccosukee Rd.<br/>Tallahassee, FL 32308</b> | <b>ST</b> | <b>Mr. Millard Noblin<br/>1300 Miccosukee Rd.<br/>Tallahassee, FL 32308</b>    |
| <b>D</b> | <b>Mr. Jerry McDaniel<br/>1300 Miccosukee Rd.<br/>Tallahassee, FL 32308</b>    | <b>D</b>  | <b>George N. Lewis, M.D.<br/>1300 Miccosukee Rd.<br/>Tallahassee, FL 32308</b> |
| <b>D</b> | <b>Mr. J. Brent Pichard<br/>1300 Miccosukee Rd.<br/>Tallahassee, FL 32308</b>  |           |  |