## 2002 UNIFORM BUSINESS REPORT (UBR)

## May 19, 2002 8:00 am Secretary of State J35655 DOCUMENT # 1. Entity Name 05-19-2002 90221 038 \*\*\*150.00 TALLAHASSEE MEMORIAL HEALTH VENTURES, INC. Principal Place of Business Mailing Address 1401 CENTERVILLE RD. MAGNOLIA DR & MICCOSUKEE RD BOX 210 TALLAHASSEE FL 32308 TALLAHASSEE FL 32308 2. Principal Place of Business 3. Mailing Address 1401 Centerville Road DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. 210 Applied For 4. FEI Number City & State 59-2717050 Not Applicable allohassee \$8.75 Additional Country <sup>Zip</sup> 32308 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name DAVIS, JUDY Street Address (P.O. Box Number is Not Acceptable) 1300 MICCOSUKEE RD. TALLAHASSEE FL 32308 Zip Code City 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) Signature, typed or printed name of registered agent and title if applicable. FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible **\$5.00** May Be 10. Election Campaign Financing After May 1, 2002 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. Addition Change TITLE ☐ Delete TITLE NAME williams, Jerry L Mr NAME STREET ADDRESS 1300 MICCOSUKEE ROAD STREET ADDRESS CITY-ST-ZIP TALLAHASSEE FL 32308 CITY-ST-ZIP ☐ Addition Change TITLE ☐ Delete TITLE MOORE, MR. DUNCAN NAME NAME STREET ADDRESS STREET ADDRESS 1300 MICCOSUKEE RD. CITY-ST-ZIP TALLAHASSEE FL 32308 CITY-ST-7IP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME PROCTOR, MR. H. PALMER STREET ADDRESS 1300 MICCOSUKEE RD STREET ADDRESS CITY-ST-ZIP TALLAHASSEE FL 32308 CITY-ST-ZIP ☐ Change ☐ Addition TITLE Delete TITLE NAME NAME MCDANIEL, MR.JERRY STREET ADDRESS STREET ADDRESS 1300 MICCOSUKEE RD. CITY-ST-ZIP TALLAHASSEE FL 32308 CITY-ST-ZIP ☐ Addition ☐ Change TITLE ☐ Delete NAME PICHARD, MR. J. BRENT NAME STREET ADDRESS 1300 MICCOSUKEE ROAD STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TALLAHASSEE FL 32308 Change ☐ Addition TITLE □ Delete TITLE NAME NAME SMITH, MR. WILLIAM G. STREET ADDRESS 1300 MICCOSUKEE ROAD STREET ADDRESS CITY-ST-ZIP TALLAHASSEE FL 32308 CITY-ST-7IP 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.

Www.REOF "Düncan Moore

NATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

**FILED** 

4-30-02 (840) 431-5389

attachment

135655

## TALLAHASSEE MEMORIAL HEALTH VENTURES, INC.

## **BOARD OF DIRECTORS**

С	Duncan Moore 1300 Miccosukee Rd. Tallahassee, FL 32308	D	H. Palmer Proctor 1300 Miccosukee Rd. Tallahassee, FL 32308
VC	Jerry Williams 1300 Miccosukee Rd. Tallahassee, FL 32308	D	William G. Smith, Jr. 1300 Miccosukee Rd. Tallahassee, FL 32308
S/T	Millard J. Noblin 1300 Miccosukee Rd. Tallahassee, FL 32308	D	John K. Humphress 1300 Miccosukee Rd. Tallahassee, FL 32308
D	Jerry McDaniel 1300 Miccosukee Rd. Tallahassee, FL 32308	D	George N. Lewis, M.D. 1300 Miccosukee Rd. Tallahassee, FL 32308
D	J. Brent Prichard 1300 Miccosukee Rd. Tallahassee, FL 32308		