


2006 FOR PROFIT CORPORATION ANNUAL REPORT

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FILED
06 MAY -1 PM 4:05
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # J35655 1. Entity Name TALLAHASSEE MEMORIAL HEALTH VENTURES, INC.						
Principal Place of Business 1401 CENTERVILLE RD BOX 210 TALLAHASSEE, FL 32308			Mailing Address 1401 CENTERVILLE RD. BOX 210 TALLAHASSEE, FL 32308 US			
2. Principal Place of Business		3. Mailing Address				
Suite, Apt. #, etc.		Suite, Apt. #, etc.				
City & State		City & State		4. FEI Number 59-2717050		
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent			
DAVIS, JUDY 1300 MICCOSUKEE RD. TALLAHASSEE, FL 32308			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. I am familiar with, and accept the obligations of registered agent.						
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____						
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		100075023851 05/22/06--01026--016 **150.00		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	VCD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	WILLIAMS, JERRY L MR	SEE ATTACHED	NAME			
STREET ADDRESS	1300 MICCOSUKEE ROAD		STREET ADDRESS			
CITY-ST-ZIP	TALLAHASSEE, FL 32308		CITY-ST-ZIP			
TITLE	CD		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	O'BRYANT, MARK		SEE ATTACHED	NAME		
STREET ADDRESS	1300 MICCOSUKEE RD.			STREET ADDRESS		
CITY-ST-ZIP	TALLAHASSEE, FL 32308	CITY-ST-ZIP				
TITLE	D	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	THOMPSON, SUSAN	SEE ATTACHED		NAME		
STREET ADDRESS	1300 MICCOSUKEE RD			STREET ADDRESS		
CITY-ST-ZIP	TALLAHASSEE, FL 32308		CITY-ST-ZIP			
TITLE	D		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MCDANIEL, MR. JERRY		SEE ATTACHED	NAME		
STREET ADDRESS	1300 MICCOSUKEE RD.			STREET ADDRESS		
CITY-ST-ZIP	TALLAHASSEE, FL 32308	CITY-ST-ZIP				
TITLE	D	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	NOBLIN, MILLARD J	SEE ATTACHED		NAME		
STREET ADDRESS	1300 MICCOSUKEE ROAD			STREET ADDRESS		
CITY-ST-ZIP	TALLAHASSEE, FL 32308		CITY-ST-ZIP			
TITLE	D		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HUMPHRESS, JOHN K		SEE ATTACHED	NAME		
STREET ADDRESS	1300 MICCOSUKEE ROAD			STREET ADDRESS		
CITY-ST-ZIP	TALLAHASSEE, FL 32308	CITY-ST-ZIP				

SIGNATURE: Mark O'Bryant **Mark O'Bryant** 4-5-06 **850-431-5380**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

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TALLAHASSEE MEMORIAL HEALTH VENTURES, INC.

BOARD OF DIRECTORS

FY 2005 - 2006

Mr. Mark O'Bryant	D/ Chairman
Mr. Jerry L. Williams	D/ Vice Chairman
Mr. Millard J. Noblin	D/ Secretary/Treasurer
Mr. John K. Humphress	D
Ms. Susan Thompson	D
Mr. Jerry McDaniel	D

Address: 1300 Miccosukee Rd
Tallahassee, FL 32308