


**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

<b>DOCUMENT # J35655</b> 1. Entity Name TALLAHASSEE MEMORIAL HEALTH VENTURES, INC.	
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Principal Place of Business 1401 CENTERVILLE RD BOX 210 TALLAHASSEE, FL 32308	Mailing Address 1401 CENTERVILLE RD. BOX 210 TALLAHASSEE, FL 32308 US
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**DO NOT WRITE IN THIS SPACE**

FILED  
07 APR 30 AM 10:50  
DEPARTMENT OF STATE  
TALLAHASSEE, FLORIDA



03212007 No Chg-P CR2E034 (11/05)

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

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

DAVIS, JUDY  
1300 MICCOSUKEE RD.  
TALLAHASSEE, FL 32308

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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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2007 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DC O'BRYANT, MARK 1300 MICCOSUKEE ROAD TALLAHASSEE, FL 32308
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D/C WILLIAMS, JERRY L 1300 MICCOSUKEE RD. TALLAHASSEE, FL 32308
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST NOBLIN, MILLARD J 1300 MICCOSUKEE RD TALLAHASSEE, FL 32308
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HUMPHRESS, JOHN K 1300 MICCOSUKEE RD. TALLAHASSEE, FL 32308
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D THOMPSON, SUSAN 1300 MICCOSUKEE ROAD TALLAHASSEE, FL 32308
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MCDANIEL, JERRY 1300 MICCOSUKEE ROAD TALLAHASSEE, FL 32308

**400101585394**  
05/04/07--01020--013 \*\*150.00

*J B 5/1*

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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.

**SIGNATURE:** G. Mark O'Bryant **G. Mark O'Bryant** 4/30/07 **850-431-5380**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

**TALLAHASSEE MEMORIAL HEALTH VENTURES, INC.**

**BOARD OF DIRECTORS**

2006 – 2007

1300 Miccosukee Road, Tallahassee, FL 32308

D	Dennis Boyle
D/C	Mark O'Bryant
D/VC	John K. Humphress
D	John Lewis
D/S/T	Jerry McDaniel
D	Paul Sawyer, MD
D	Susan Thompson