

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# J35655

FILED  
Apr 10, 2009  
Secretary of State

Entity Name: TALLAHASSEE MEMORIAL HEALTH VENTURES, INC.

**Current Principal Place of Business:**

1401 CENTERVILLE RD  
BOX 210  
TALLAHASSEE, FL 32308

**New Principal Place of Business:**

**Current Mailing Address:**

1401 CENTERVILLE RD.  
BOX 210  
TALLAHASSEE, FL 32308 US

**New Mailing Address:**

FEI Number: 59-2717050      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: DC ( ) Delete  
Name: O'BRYANT, MARK  
Address: 1300 MICCOSUKEE ROAD  
City-St-Zip: TALLAHASSEE, FL 32308

Title: DVC ( ) Delete  
Name: HUMPHRESS, JOHN K  
Address: 1300 MICCOSUKEE RD.  
City-St-Zip: TALLAHASSEE, FL 32308

Title: DST ( ) Delete  
Name: MCDANIEL, JERRY  
Address: 1300 MICCOSUKEE RD  
City-St-Zip: TALLAHASSEE, FL 32308

Title: D ( ) Delete  
Name: BOYLE, DENNIS  
Address: 1300 MICCOSUKEE RD.  
City-St-Zip: TALLAHASSEE, FL 32308

Title: D ( ) Delete  
Name: LEWIS, JOHN  
Address: 1300 MICCOSUKEE ROAD  
City-St-Zip: TALLAHASSEE, FL 32308

Title: D ( ) Delete  
Name: SAWYER, PAUL MD  
Address: 1300 MICCOSUKEE ROAD  
City-St-Zip: TALLAHASSEE, FL 32308

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: D (X) Change ( ) Addition  
Name: THOMPSON, SUSAN  
Address: 1300 MICCOSUKEE RD.  
City-St-Zip: TALLAHASSEE, FL 32308

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARK O'BRYANT

Electronic Signature of Signing Officer or Director

DC

04/10/2009

Date