

2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# J35655

FILED
Apr 27, 2012
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

OFFICERS AND DIRECTORS:

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

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

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

Title: D
Name: THOMPSON, SUSAN
Address: 1300 MICCOSUKEE RD.
City-St-Zip: TALLAHASSEE, FL 32308

Title: D
Name: GIUDICE, WILLIAM A
Address: 1300 MICCOSUKEE ROAD
City-St-Zip: TALLAHASSEE, FL 32308

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

I hereby 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 all other like empowered.

SIGNATURE: MARK O'BRYANT

DC

04/27/2012

Electronic Signature of Signing Officer or Director

_____ Date