

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 01, 2003 8:00 am**  
**Secretary of State**

05-01-2003 90121 013 \*\*\*150.00

**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**

Applied For  
Not Applicable

Zip Country

Zip Country

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

CHECK HERE IF MAKING CHANGES



**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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2003 Fee will be \$550.00  
Make Check Payable to Florida Department of State**

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

**10. OFFICERS AND DIRECTORS**

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V WILLIAMS, JERRY L MR 1300 MICCOSUKEE ROAD TALLAHASSEE FL 32308</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>C MOORE, MR. DUNCAN 1300 MICCOSUKEE RD. TALLAHASSEE FL 32308</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D PROCTOR, MR. H. PALMER 1300 MICCOSUKEE RD TALLAHASSEE FL 32308</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D MCDANIEL, MR. JERRY 1300 MICCOSUKEE RD. TALLAHASSEE FL 32308</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D PICHARD, MR. J. BRENT 1300 MICCOSUKEE ROAD TALLAHASSEE FL 32308</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D SMITH, MR. WILLIAM G. 1300 MICCOSUKEE ROAD TALLAHASSEE FL 32308</b>	<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

*SEE ATTACHED*

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** *[Signature]* **REQUIRED** **Duncan Moore** **4-25-03** **(850) 431-5380**  
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E034 (10/02)

attachment J35655  
J1030638

Tallahassee Memorial Health Ventures, Inc.  
1300 Miccosukee Road  
Tallahassee, FL 32308

Board of Directors  
2002-2003

**C/D** Mr. Duncan Moore, Chair  
**VC/D** Mr. Jerry L. Williams, Vice Chair  
**ST/D** Mr. Millard J. Noblin, Secretary/Treasurer

**D** Mr. John K. Humphress  
**D** George N. Lewis, MD  
**D** Mr. Jerry McDaniel