

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P98000037109

1. Entity Name

TALLAHASSEE MEMORIAL REGIONAL MEDICAL
CENTER, INC.



Principal Place of Business

1401 CENTERVILLE RD, SUITE 210
TALLAHASSEE, FL 32308

Mailing Address

1401 CENTERVILLE RD, SUITE 210
TALLAHASSEE, FL 32308

FILED

07 APR 30 AM 10:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



03212007 No Chg-P CR2E034 (11/05)

4. FEI Number

59-1917016

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

DAVIS, JUDY
1300 MICCOSUKEE RD
TALLAHASSEE, FL 32308

**DO NOT WRITE
IN THIS SPACE**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**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 P
NAME O'BRYANT, MARK
STREET ADDRESS 1300 MICCOSUKEE RD
CITY-ST-ZIP TALLAHASSEE, FL 32308

TITLE ST
NAME GIUDICE, WILLIAM A
STREET ADDRESS 1300 MICCOSUKEE RD
CITY-ST-ZIP TALLAHASSEE, FL 32308

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000101585170
05/04/07--01020--010 **150.00

**DO NOT WRITE
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

William A. Giudice

4/30/07

850-431-5238

Date

Daytime Phone #