

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000037109

FILED  
Apr 28, 2010  
Secretary of State

**Entity Name:** TALLAHASSEE MEMORIAL REGIONAL MEDICAL CENTER, INC.

**Current Principal Place of Business:**

1401 CENTERVILLE RD, SUITE 210  
TALLAHASSEE, FL 32308

**New Principal Place of Business:**

**Current Mailing Address:**

1401 CENTERVILLE RD, SUITE 210  
TALLAHASSEE, FL 32308

**New Mailing Address:**

FEI Number: 59-1917016

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: P  
Name: O'BRYANT, MARK  
Address: 1300 MICCOSUKEE RD  
City-St-Zip: TALLAHASSEE, FL 32308

Title: ST  
Name: GIUDICE, WILLIAM A  
Address: 1300 MICCOSUKEE RD  
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: WILLIAM A. GIUDICE

ST

04/28/2010

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date