

**2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 747823

**Entity Name:** TALLAHASSEE MEMORIAL HEALTHCARE, INC.

**Current Principal Place of Business:**

1300 MICCOSUKEE RD.  
TALLAHASSEE, FL 32311

**Current Mailing Address:**

1401 CENTERVILLE RD.  
BOX 210  
TALLAHASSEE, FL 32308

**FEI Number:** 59-1917016

**Certificate of Status Desired:** No

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

DAVIS, JUDY  
RISK MANAGER/TMRMC  
1300 MICCOSUKEE ROAD  
TALLAHASSEE, FL 32308 US

*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

**Officer/Director Detail :**

Title DIRECTOR, TREASURER  
Name EVANS, STEVEN L  
Address 1300 MICCOSUKEE RD  
City-State-Zip: TALLAHASSEE FL 32308

Title DIRECTOR, CHAIRMAN  
Name GREDLER, MD, FRANK  
Address 1300 MICCOSUKEE RD  
City-State-Zip: TALLAHASSEE FL 32308

Title DIRECTOR, SECRETARY  
Name LITTLES, MD, ALMA B  
Address 1300 MICCOSUKEE RD  
City-State-Zip: TALLAHASSEE FL 32308

Title CFO  
Name GIUDICE, WILLIAM A  
Address 1300 MICCOSUKEE RD  
City-State-Zip: TALLAHASSEE FL 32308

Title CEO  
Name O'BRYANT, MARK  
Address 1300 MICCOSUKEE RD  
City-State-Zip: TALLAHASSEE FL 32308

Title DIRECTOR, VC  
Name TRANSOU, SUSAN B  
Address 1300 MICCOSUKEE ROAD  
City-State-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 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** WILLIAM A GIUDICE

CFO

02/19/2015

Electronic Signature of Signing Officer/Director Detail

Date