

2016 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, SECRETARY
Name EVANS, STEVEN L
Address 1300 MICCOSUKEE RD
City-State-Zip: TALLAHASSEE FL 32308

Title DIRECTOR, VC
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, CHAIRMAN
Name TRANSOU, SUSAN B
Address 1300 MICCOSUKEE ROAD
City-State-Zip: TALLAHASSEE FL 32308

Title DIRECTOR, TREASURER
Name RUMANA, CHRISTOPHER S
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

03/18/2016

Electronic Signature of Signing Officer/Director Detail

_____ Date