

2024 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 32308

Current Mailing Address:

1401 CENTERVILLE RD.
BOX 210
TALLAHASSEE, FL 32308

FEI Number: 59-1917016

Certificate of Status Desired: Yes

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	CEO	Title	SECRETARY, DIRECTOR
Name	O'BRYANT, MARK	Name	BRADSHAW, SALLY
Address	1300 MICCOSUKEE RD	Address	1300 MICCOSUKEE RD.
City-State-Zip:	TALLAHASSEE FL 32308	City-State-Zip:	TALLAHASSEE FL 32308
Title	CHAIRMAN, DIRECTOR	Title	VC, DIRECTOR
Name	TRUMAN, THOMAS	Name	MURRAY, ERMAN E JR.
Address	1300 MICCOSUKEE ROAD	Address	1300 MICCOSUKEE ROAD
City-State-Zip:	TALLAHASSEE FL 32308	City-State-Zip:	TALLAHASSEE FL 32308
Title	TREASURER	Title	CFO
Name	KILLIUS, JAMES	Name	NEEDHAM, PRISCILLA
Address	1300 MICCOSUKEE RD.	Address	1300 MICCOSUKEE RD.
City-State-Zip:	TALLAHASSEE FL 32308	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: PRISCILLA NEEDHAM

CFO

03/06/2024

Electronic Signature of Signing Officer/Director Detail

Date