

**2020 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# J35655

**Entity Name:** TALLAHASSEE MEMORIAL HEALTH VENTURES, INC.

**FILED**  
**Jan 30, 2020**  
**Secretary of State**  
**5477446234CC**

**Current Principal Place of Business:**

1401 CENTERVILLE RD  
BOX 210  
TALLAHASSEE, FL 32308

**Current Mailing Address:**

1401 CENTERVILLE RD.  
BOX 210  
TALLAHASSEE, FL 32308 US

**FEI Number: 59-2717050**

**Certificate of Status Desired: No**

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

DAVIS, JUDY  
1300 MICCOSUKEE RD.  
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, CHAIRMAN  
Name           O'BRYANT, MARK  
Address        1300 MICCOSUKEE ROAD  
City-State-Zip: TALLAHASSEE FL 32308

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

Title           DIRECTOR, SECRETARY,  
                  TREASURER  
Name           CANUP, EDWARD G  
Address        1401 CENERVILLE ROAD  
                  210  
City-State-Zip: TALLAHASSEEZ 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**

**CFO**

**01/30/2020**

Electronic Signature of Signing Officer/Director Detail

Date