

2017 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000037109

Entity Name: TALLAHASSEE MEMORIAL REGIONAL MEDICAL CENTER, INC.

Current Principal Place of Business:

1401 CENTERVILE RD, SUITE 210
TALLAHASSEE, FL 32308

Current Mailing Address:

1401 CENTERVILE RD, SUITE 210
TALLAHASSEE, FL 32308

FEI Number: 59-1917016

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

Title ST
Name GIUDICE, WILLIAM A
Address 1300 MICCOSUKEE RD
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 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: WILLIAM A GIUDICE

CFO

03/10/2017

Electronic Signature of Signing Officer/Director Detail

Date