

**2013 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P98000037109

**Entity Name:** TALLAHASSEE MEMORIAL REGIONAL MEDICAL CENTER, INC.

**FILED**  
**Apr 30, 2013**  
**Secretary of State**  
**CC9203754846**

**Current Principal Place of Business:**

1401 CENTERVILLE RD, SUITE 210  
TALLAHASSEE, FL 32308

**Current Mailing Address:**

1401 CENTERVILLE 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: MARK O'BRYANT**

**CEO**

**04/30/2013**

Electronic Signature of Signing Officer/Director Detail

Date