

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1996**



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
Apr 23 1996 8:00 am  
Secretary of State

DOCUMENT # **737479** (6)

1. Corporation Name

**TALLAHASSEE MEMORIAL HOSPITAL REGIONAL MEDICAL C  
ENTER FOUNDATION, INCORPORATED**

Principal Place of Business

Mailing Address

**1331 E SIXTH AVE  
TALLAHASSEE FL 32303-6505**

**1331 E SIXTH AVE  
TALLAHASSEE FL 32303-6505**



2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

g. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

**12/08/1976**

3a. Date of Last Report

**05/01/1995**

4. FEI Number

**59-1727645**

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional  
Fee Required**

6. Election Campaign Financing  
Trust Fund Contribution

☐

**\$5.00 May Be  
Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes

☐

Yes

☐

No

10. Name and Address of New Registered Agent

**MOORE, DUNCAN  
1300 MICCOSUKEE RD.  
TALLAHASSEE FL 32308**

81

Name **Judy Davis, Risk Manager**

82

Street Address (P.O. Box Number is Not Acceptable)

**1300 Miccosukee Rd.**

83

84

City **Tallahassee**

**FL**

85

Zip Code **32308**

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> DELETE
D	MOORE, ISAAC. M.D.	3908 BOBBIN BROOK CIRCLE	TALLAHASSEE FL	<input checked="" type="checkbox"/> SEE ATTACHED
TD	CROSBY, BOB	3545 GALLAGHER DRIVE	TALLAHASSEE FL	<input type="checkbox"/> DELETE
D	DANSBY, GRACE	3806 APALACHEE PARKWAY	TALLAHASSEE FL	<input type="checkbox"/> DELETE
D	KNOX, JENNINGS	1410 BETTON ROAD	TALLAHASSEE FL	<input type="checkbox"/> DELETE
D	PROCTOR, THOMAS C.	RT. #1, BOX 194	TALLAHASSEE FL	<input type="checkbox"/> DELETE
D	MC CULLY, AL C., M.D.	730 LIVE OAK PLANTATION RD	TALLAHASSEE FL	<input type="checkbox"/> DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.1 TITLE	2.2 NAME	2.3 STREET ADDRESS	2.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.1 TITLE	3.2 NAME	3.3 STREET ADDRESS	3.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.1 TITLE	4.2 NAME	4.3 STREET ADDRESS	4.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.1 TITLE	5.2 NAME	5.3 STREET ADDRESS	5.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.1 TITLE	6.2 NAME	6.3 STREET ADDRESS	6.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

**500001789765  
-04/23/96--01001--037  
\*\*\*\$61.25**

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

**Duncan Moore**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Duncan Moore**

**(904) 681-5238**

Date

Daytime Phone #

CR2E037 (12/95)

## TMH REGIONAL MEDICAL CENTER FOUNDATION, INC.

## BOARD OF TRUSTEES

D	Ms. Lyn Baggett 3797 Bobbin Mill Rd Tallahassee, FL 32312	D	Mr. Duncan Moore 2179 Miller Landing Rd Tallahassee, FL 32312
D	Mr. Dennis Boyle 3078 Shamrock North Tallahassee, FL 32308	D	Isaac Moore, M.D. 3908 Bobbin Brook Circle Tallahassee, FL 32312
D	Ms. Beverly Burleson 502 Bobbin Brook Lane Tallahassee, FL 32312	C/D	Mr. Millard Noblin 2810 Cline Street Tallahassee, FL 32312
V/D	Mr. Bob Crosby 3545 Gallagher Drive Tallahassee, FL 32308	D	Mr. Leonard Pepper 929 Live Oak Plantation Road Tallahassee, FL 32312
D	Mr. John B. Higdon, Jr. 202 N Calhoun St. Quincy, FL 32351	S/D	Ms. Almena Pettit 3737 Bobbin Brook East Tallahassee, FL 32312
D	Mr. Jennings Knox 1410 Betton Rd. Tallahassee, FL 32312	D	Mr. John Perry Thomas 7020 McBride Pointe Tallahassee, FL 32312
D	Mr. George Langford 837 Lake Ridge Road Tallahassee, FL 32312		
D	Alma Littles, M.D. 756 Sikes Street Quincy, FL 32351		
D	Toni McCoy 4442 Thomasville Rd. Tallahassee, FL 32308		
T/D	Al C. McCully, M.D. 730 Live Oak Plantation Road Tallahassee, FL 32312		