

FILE NOW: FILING FEE IS \$61.25

FILED  
Apr 22 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **737479** (6)

1. Corporation Name

**TALLAHASSEE MEMORIAL HOSPITAL REGIONAL MEDICAL CENTER FOUNDATION, INCORPORATED**

Principal Place of Business

Mailing Address

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

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TALLAHASSEE FL 32303-6505**



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>12/08/1976</b>		3a. Date of Last Report <b>04/23/1996</b>	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		4. FEI Number <b>59-1727645</b>		Applied For Not Applicable	
22 City & State		27 City & State		5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
23 Zip		28 Zip		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
24 Country		29 Country		30		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**DAVIS, JUDY  
1300 MICCOSUKEE RD.  
TALLAHASSEE FL 32308**

81 Name

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

83

84 City

**FL**

85 Zip Code

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MOORE, ISAAC. M.D.</b>	1.2 NAME	
STREET ADDRESS	<b>3908 BOBBIN BROOK CIRCLE</b>	1.3 STREET ADDRESS	
CITY - ST - ZIP	<b>TALLAHASSEE FL 32312</b>	1.4 CITY - ST - ZIP	
TITLE	<b>VD</b> <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>CROSBY, BOB</b>	2.2 NAME	
STREET ADDRESS	<b>3545 GALLAGHER DRIVE</b>	2.3 STREET ADDRESS	
CITY - ST - ZIP	<b>TALLAHASSEE FL 32308</b>	2.4 CITY - ST - ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MOORE, DUNCAN</b>	3.2 NAME	
STREET ADDRESS	<b>2179 MILLER LANDING RD.</b>	3.3 STREET ADDRESS	
CITY - ST - ZIP	<b>TALLAHASSEE FL 32312</b>	3.4 CITY - ST - ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>KNOX, JENNINGS</b>	4.2 NAME	
STREET ADDRESS	<b>1410 BETTON ROAD</b>	4.3 STREET ADDRESS	
CITY - ST - ZIP	<b>TALLAHASSEE FL 32312</b>	4.4 CITY - ST - ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BAGGETT, LYN</b>	5.2 NAME	
STREET ADDRESS	<b>3797 BOBBIN MILL RD</b>	5.3 STREET ADDRESS	
CITY - ST - ZIP	<b>TALLAHASSEE FL 32312</b>	5.4 CITY - ST - ZIP	
TITLE	<b>TD</b> <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MC CULLY, AL C., M.D.</b>	6.2 NAME	
STREET ADDRESS	<b>760 LIVE OAK PLANTATION RD</b>	6.3 STREET ADDRESS	
CITY - ST - ZIP	<b>TALLAHASSEE FL 32312</b>	6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4-14-97**

Date

**681-5238**

Daytime Phone # 0007457

CR2E037 (9/96)

**TALLAHASSEE MEMORIAL HOSPITAL REGIONAL MEDICAL CENTER  
FOUNDATION, INC.**

**Board of Trustees**

C/D	Mr. Bob Crosby 3545 Gallagher Dr. Tallahassee, FL 32308	Mr. George Langford 1700 Capital Circle SW Tallahassee, FL 32316
V/D	Al McCully, M.D. 730 Live Oak Plantation Rd. Tallahassee, FL 32312	Alma Littles, M.D. 1301 Hodges Dr. Tallahassee, FL 32308
S/D	Ms. Almena Pettit 6961 McBride Point Tallahassee, FL 32312	Isaac Moore, M.D. 2160 Capital Circle NE, Suite 200 Tallahassee, FL 32308
T/D	Ms. Beverly Burleson 1260 Live Oak Plantation Rd. Tallahassee, FL 32303	Mr. Millard Noblin 1300 Metropolitan Blvd. Tallahassee, FL 32308
	Mr. Duncan Moore 1300 Miccosukee Rd. Tallahassee, FL 32308	Mr. Leonard Pepper 310 W. Jefferson St. Tallahassee, FL 32308
	Ms. Lyn Baggett 3797 Bobbin Mill Rd. Tallahassee, FL 32312	James L. Rodgers, D.D.S. 205 N Madison St. Quincy, FL 32351
	Mr. John B. Higdon, Jr. 202 North Calhoun St. Quincy, FL 32351	Mr. James C. Smith 201 S. Monroe St., Suite 500 Tallahassee, FL 32301
	Mr. Jennings Knox 625 W. Gaines St. Tallahassee, FL 32316	Ms. Carol Winchester 1736 Tarpon Dr. Tallahassee, FL 32308