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Mar 12 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham 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**

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

3. Date Incorporated or Qualified

12/08/1976

4. FEI Number

59-1727645

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution

☐

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

7. Is this nonprofit corporation a homeowners association?

☐

Yes

☐

No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30.

☐

Yes

☐

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

OFFICERS AND DIRECTORS

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **CD** ☐ DELETE
NAME **DROSBY, BOB**
STREET ADDRESS **3545 GALLAHER DR.**
CITY-ST-ZIP **TALLAHASSEE FL**

TITLE **VD** ☐ DELETE
NAME **MCCULLY, MD A**
STREET ADDRESS **730 LIVE OAK PLANTATION RD**
CITY-ST-ZIP **TALLAHASSEE FL**

TITLE **SD** ☐ DELETE
NAME **PETIT, ALMENA**
STREET ADDRESS **6961 MCBRIDE POINT**
CITY-ST-ZIP **TALLAHASSEE FL**

TITLE **TD** ☐ DELETE
NAME **BURLESON, BEVERLY**
STREET ADDRESS **1280 LIVE OAK PLANTATION RD**
CITY-ST-ZIP **TALLAHASSEE FL**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I 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:

3-9-98

681-5238

CR2E037 (10/97)

TMH REGIONAL MEDICAL CENTER FOUNDATION, INC.

BOARD LISTING

D	Raymond Bye, Ph.D. 217 Westcott Bldg. Copeland & College Sts. Tallahassee, FL 32306	D	Millard Noblin 1300 Metropolitan Blvd. Tallahassee, FL 32308
SD	Lyn Baggett 3797 Bobbin Mill Rd. Tallahassee, FL 32312	D	Leonard Pepper 310 W. Jefferson St. Tallahassee, FL 32312
D	Beerly Burleson 1260 Live Oak Plantation Rd. Tallahassee, FL 32303	VCD	Almena Pettit 6961 McBride Point Tallahassee, FL 32312
D	Bob Crosby 9 Gilcrease Lane Quincy, FL 23251	D	James L. Rodgers, D.D.S. 205 N. Madison St. Quincy, FL 32351
TD	Walter Haley 3655 Hartsfield Rd. Tallahassee, FL 32315	D	James C. Smith 210 S. Monroe St. Tallahassee, FL 32301
D	Jennings Knox 625 W. Gaines St. Tallahassee, FL 32301	D	E. Ray Solomon, Ph.D. 3114 Middlebrook Cr. Tallahassee, FL 32312
D	Alma Littles, M.D. 1301 Hodges Dr. Tallahassee, FL 32308	D	Mary Visconti 4947 Glen Castle Dr. Tallahassee, FL 32308
CD	Al C. McCully, M.D. 730 Live Oak Plantation Rd. Tallahassee, FL 32308	D	Carol Winchester 1736 Tarpon Dr. Tallahassee, FL 32308
PD	Duncan Moore 1300 Miccosukee Rd. Tallahassee, FL 32308	D	Isaac Moore, M.D. 2160 Capital Cr., N.E., Suite 200 Tallahassee, FL 32308