


FILE NOW: FILING FEE IS \$61.25

FILED
May 13, 2000 8:00 am
Secretary of State

05-13-2000 90051 035 ****61.25

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NONPROFIT CORPORATION ANNUAL REPORT 1999-2000				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # 737479					
1. Corporation Name TALLAHASSEE MEMORIAL HEALTHCARE FOUNDATION, INC.					
Principal Place of Business 1331 E SIXTH AVE TALLAHASSEE FL 32303-6505			Mailing Address 1331 E SIXTH AVE TALLAHASSEE FL 32303-6505		
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24 25		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29 30		3. Date Incorporated or Qualified 12/08/1976 4. FEI Number 59-1727645 Applied For Not Applicable 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
9. Name and Address of Current Registered Agent DAVIS, JUDY 1300 MICCOSUKEE RD. TALLAHASSEE FL 32308			10. Name and Address of New Registered Agent 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 NAME STREET ADDRESS CITY-ST-ZIP		1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition	

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, with all other like empowered.

SIGNATURE:  **Duncan Moore** 4-27-00 (850) 431-5253
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

#737479

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TALLAHASSEE MEMORIAL HEALTHCARE FOUNDATION, INC.

BOARD OF DIRECTORS

Ms. Lynn Baggett
1331 E 6th Ave
Tallahassee, FL 32303

Mr. Stan Barnes
1331 E 6th Ave
Tallahassee, FL 32303

Thomas J. Bixler, M.D.
1331 E 6th Ave
Tallahassee, FL 32303

Ms. Flecia Braswell
1331 E 6th Ave
Tallahassee, FL 32303

Ms. Beverly Burleson
1331 E 6th Avenue
Tallahassee, FL 32303

Raymond Bye, Ph.D.
1331 E 6th Ave
Tallahassee, FL 32303

Ms. Gayle S. Dodds
1331 E 6th Ave
Tallahassee, FL 32303

Mr. Tad Fisher
1331 E 6th Ave
Tallahassee, FL 32303

Mr. Walt Halcy
1331 E 6th Ave
Tallahassee, FL 32303

Alma Littles, M.D.
1331 E 6th Avenue
Tallahassee, FL 32303

Ms. Carol Winchester
1331 E 6th Ave
Tallahassee, FL 32303

Mr. Duncan Moore
1331 E 6th Ave
Tallahassee, FL 32303

Mr. Charles B. Mitchell
1331 E 6th Ave
Tallahassee, FL 32303

Al. C. McCully, MD
1331 E 6th Ave
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Isaac Moore, M.D.
1331 E 6th Ave
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Mr. Leonard Pepper
1331 E 6th Ave
Tallahassee, FL 32303

Ms. Almena Pettit
1331 E 6th Ave
Tallahassee, FL 32303

Ms. Julia Robinson
1331 E 6th Ave
Tallahassee, FL 32303

James L. Rodgers, D.S.S.
1331 E 6th Ave
Tallahassee, FL 32303

E. Ray Solomon, Ph.D.
1331 E 6th Ave
Tallahassee, FL 32303

Mr. Ken Stafford
1331 E 6th Ave
Tallahassee, FL 32303

Mr. Tim Warfel
1331 E 6th Ave
Tallahassee, FL 32303

Mr. Hal Wilkins
1331 E 6th Ave
Tallahassee, FL 32303

Mr. Gary Wright
1331 E 6th Ave
Tallahassee, FL 32303

Joseph L. Camps, M.D.
1331 E 6th Ave
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