

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 01, 2004 8:00 am
Secretary of State

04-01-2004 90009 014 ****70.00

DOCUMENT # 737479

1. Entity 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**

44023237



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

03302004 Chg-NP CR2E037 (10/03)

City & State

City & State

4. FEI Number
59-1727645

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☒ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**CD
WARFEL, TIMOTHY J
1331 E SIXTH AVENUE
TALLAHASSEE, FL 32303** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VCD
SOLOMON, RAY E PHD
1331 E SIXTH AVENUE
TALLAHASSEE, FL 32303** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**TO
WRIGHT, GARY L
1331 E SIXTH AVENUE
TALLAHASSEE, FL 32303** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**S
GLASS, VIRGINIA A
1331 E SIXTH AVENUE
TALLAHASSEE, FL 32303** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**P
FLYNN, BONNIE M
1331 E SIXTH AVENUE
TALLAHASSEE, FL 32303** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
ALEXINOK, UINDA
1331 E SIXTH AVENUE
TALLAHASSEE, FL 32303** ☒ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**CT
Solomon, Ray E PHD
1331 E Sixth Avenue
Tallahassee, FL 32303** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VCT
Glass, Virginia A.
1331 E Sixth Avenue
Tallahassee, FL 32303** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**TT
Wright, GARY L
1331 E Sixth Avenue
Tallahassee, FL 32303** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**ST
Bixler, Thomas J. Jr. M.D.
1331 E Sixth Avenue
Tallahassee, FL 32303** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PO
Fortunas, Paula S.
1331 E Sixth Avenue
Tallahassee, FL 32303** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**T
ALEXINOK, LINDA A.
1331 E Sixth Avenue
Tallahassee, FL 32303** ☒ Change ☐ Addition

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Paula S. FORTUNAS *Paula S. Fortunas* **3-30-04** **(850)431-5752**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #