2004 NOT-FOR-PROFIT CORPORATION

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

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ANNUAL REPORT	
ANNUAL REPURI	

DOCUMENT # 737479 1. Entity Name TALLAHASSEE MEMORIAL HEALTHCARE FOUNDATION INC.					04-01-2004 90009 014 ****70.00			
Principal Place 1331 E SIXTI TALLAHASSE		Mailing Address 1331 E SIXTH AVE TALLAHASSEE, FL 32			44023237			
2. Principal P	lace of Business	3. Mailing Address						
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			03302004 _C	hg-NP	CR2E037 (10/03)	
City & State		City & State			4. FEI Number 59-172764	15		oplied For ot Applicable
Zip	Country	Zip	Country		5. Certificate of Si	tatus Desired	\$8.75 Add Fee Require	
	6. Name and Address of Current	Registered Agent			7. Name and Add	ress of New R	egistered Agent	
DAVIS III	DV		Nai	me				
DAVIS, JUDY 1300 MICCOSUKEE RD. TALLAHASSEE, FL 32308				eet Address (P.O. Box Number is	Not Acceptable)	
			City	у		···· -	FL Zip Cod	e
O This above	named entity submits this statement for	the avenue of changing it	a sociatored offi	les er register	and agent, or both, in	the State of Da		and accept
	ions of registered agent.	r the purpose of changing it	s registerea om	ica or ragister	ed agent, or both, in	THE SIZE OF FIG	nica. Tanrianiliai wili,	and accept
SIGNATURE .								
	Signature, typed or printed name of registered agent	and title if applicable. (NO	TE: Registered Agent	t signature required	d when reinstating)		DATE	
	Filing Fee is \$61.25 Due by May 1, 2004	9. Election Ca	TE: Registered Agent ampaign Financ Contribution.		\$5.00 May Be Added to Fees		DATE ake check payable to the	
10.	Filing Fee is \$61.25	9. Election Ca Trust Fund	ampaign Financ	sing	\$5.00 May Be Added to Fees	Flori	ake check payable t	tate
	Filing Fee is \$61.25 Due by May 1, 2004	9. Election Ca Trust Fund	ampaign Financ Contribution.	ing	\$5.00 May Be Added to Fees ADDITIONS/CHANG	Flori ES TO OFFICE	ake check payable to ida Department of Sins AND DIRECTORS IN March 2018	tate
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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

SIGNATURE AND TYPED ON PRINTED NAME OF SIGNANG OFFICER ON DIRECTOR (850)431-5752 Dayline Phone # 3-30-04