

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 737479

FILED
Jan 04, 2012
Secretary of State

Entity Name: TALLAHASSEE MEMORIAL HEALTHCARE FOUNDATION, INC.

Current Principal Place of Business:

1331 E SIXTH AVE
TALLAHASSEE, FL 323036505

New Principal Place of Business:

Current Mailing Address:

1331 E SIXTH AVE
TALLAHASSEE, FL 323036505

New Mailing Address:

FEI Number: 59-1727645

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: CT
Name: GUEMPLE, R. RANDY
Address: 1331 E SIXTH AVENUE
City-St-Zip: TALLAHASSEE, FL 32303

Title: VCT
Name: CARROLL, FREDERICK III
Address: 1331 E SIXTH AVENUE
City-St-Zip: TALLAHASSEE, FL 32303

Title: TT
Name: CHAMPION, ROGER
Address: 1331 E SIXTH AVENUE
City-St-Zip: TALLAHASSEE, FL 32303

Title: ST
Name: PATTERSON, TODD D.O.
Address: 1331 E SIXTH AVENUE
City-St-Zip: TALLAHASSEE, FL 32303

Title: CEO
Name: FORTUNAS, PAULA S
Address: 1331 E SIXTH AVENUE
City-St-Zip: TALLAHASSEE, FL 32303

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: PAULA S. FORTUNAS

PRES

01/04/2012

Electronic Signature of Signing Officer or Director

Date