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NONPROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **747823**

1. Corporation Name
TALLAHASSEE MEMORIAL HEALTHCARE, INC.

Principal Place of Business	Mailing Address
1300 MICCOSUKEE RD. TALLAHASSEE FL 32311	1300 MICCOSUKEE RD. TALLAHASSEE FL 32311

2. Principal Place of Business 21	2a. Mailing Address 26 1401 Centerville Rd.	3. Date Incorporated or Qualifed 06/27/1979
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27 Box 210	4. FEI Number 59-1917016 ☐ Applied For ☐ Not Applicable
City & State 23	City & State 28 Tallahassee, FL	5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required
Zip 24 Country 25	Zip 29 32308 Country 30 USA	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
DAVIS, JUDY RISK MANAGER/TMRMC 1300 MICCOSUKEE ROAD 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BOYLE, DENNIS 3110 CAPITAL CIR NE TALLAHASSEE FL 32308	☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BRICKLER, ALEX D MD 1304 HODGES DR TALLAHASSEE FL 32308	☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D CROW, JACK PHD NHMFL 1800 E PAL DIRAC DR TALLAHASSEE FL 32306	☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D HUMPHRESS, JOHN K 1040 E PARK AVE TALLAHASSEE FL 32301	☐ DELETE	4.1 TITLE / 4. 2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DV LAWHORN, THOMAS I MD 1405 CENTERVILLE RD SUITE 5000 TALLAHASSEE FL 32308	☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DC LEWIS, JOHN R PHD 401 E VIRGINIA ST TALLAHASSEE FL 32301	☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	☐ Change ☐ Addition

SEE ATTACHED

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: SIGNATURE REQUIRED Duncan Moore 4-26-99 (850) 681-5238
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E037 (11/98)

546709-90008-27
747823

BOARD OF DIRECTORS

TALLAHASSEE MEMORIAL HEALTHCARE, INC.

1998-99

D Mr. Dennis Boyle
1300 Miccosukee Rd.
Tallahassee, FL 32308

D Alex D. Bricker, M.D.
1300 Miccosukee Rd.
Tallahassee, FL 32308

D Jeffrey W. Crooms, M.D.
1300 Miccosukee Rd.
Tallahassee, FL 32308

D Jack Crow, Ph.D.
1300 Miccosukee Rd.
Tallahassee, FL 32308

D Mr. Mike Fields
1300 Miccosukee Rd.
Tallahassee, FL 32308

C D Thomas I. Lawhorn, M.D.
1300 Miccosukee Rd.
Tallahassee, FL 32308

D John R. Lewis, Ph.D.
1300 Miccosukee Rd.
Tallahassee, FL 32308

D Margaret Lewis, RN, Ph.D.
1300 Miccosukee Rd.
Tallahassee, FL 32308

S D Mr. Jerry McDaniel
1300 Miccosukee Road
Tallahassee, FL 32308

V D Mr. Charles Mitchell
1300 Miccosukee Rd.
Tallahassee, FL 32308

D Mr. Millard Noblin
1300 Miccosukee Rd.
Tallahassee, FL 32308

T D Mr. Larry Strom
1300 Miccosukee Rd.
Tallahassee, FL 32308

D Mr. John Perry Thomas
1300 Miccosukee Rd.
Tallahassee, FL 32308

D Ms. Susan S. Thompson
1300 Miccosukee Rd.
Tallahassee, FL 32308