FILED

2001 UNIFORM BUSINESS REPORT (UBR)

Feb 13, 2001 8:00 am DOCUMENT # 747823 Secretary of State 02-13-2001 90048 025 ****61.25 TALLAHASSEE MEMORIAL HEALTHCARE, INC. Principal Place of Business Mailing Address 1300 MICCOSUKEE RD. 1401 CENTERVILLE RD. TALLAHASSEE FL 32311 BOX 210 TALLAHASSEE FL 32308 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 59-1917016 Not Applicable Ζip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) DAVIS, JUDY RISK MANAGER/TMRMC 1300 MICCOSUKEE ROAD Zip Code TALLAHASSEE FL 32308 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. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE Make Check Payable to 9. Election Campaign Financing FILE NOW: \$5.00 May Be Trust Fund Contribution. FEE IS \$61.25 Added to Fees **Department of State** OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. Change ☐ Addition TITLE TITLE SEE ATTACHED Delete NAME BOYLE, DENNIS NAME STREET ADDRESS STREET ADDRESS 1300 MICCOSUKEE RD. CITY-ST-ZIP CITY-ST-ZIP TALLAHASSEE FL 32308 TITLE ☑ Delete TITLE Addition ☐ Change NAME BRICKLER, ALEX D MD NAME STREET ADDRESS STREET ADDRESS 1300 MICCOSÚKEE RD. CITY-ST-ZIP CITY-ST-ZIP TALLAHASSEE FL\32308 TITLE ☐ Delete TITLE ☐ Change ■ Addition NAME CROW, JACK PHD NAME STREET ADDRESS STREET ADDRESS 1300 MICCOSUKEE RD. CITY-ST-ZIP CITY-ST-ZIP TALLAHASSEE FL 32308 TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME MITCHELL, MR. CHARLES NAME STREET ADDRESS STREET ADDRESS 1300 MICCOSUKEE RD. CITY-ST-ZIP CITY-ST-ZIP TALLAHASSEE FL \$2308 □ Delete ☐ Change ☐ Addition NAME LAWHORN, THOMAS I MD STREET ADDRESS STREET ADDRESS 1300 MICCØSUKEE RD. CITY-ST-ZIP CITY-ST-ZIP TALLAHASSEE FL 32308 TITLE ☐ Delen TITLE Change □ Addition NAME LEWIS, JOHN R PHD NAME STREET ADDRESS 1200 MICCOSUKEE RD. STREET ADDRESS CITY-ST-ZIP TALLAHASSEE FL 32308 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 applemental 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 redeiver 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: X WAS REQUIRED Moore 1-31-01 (850) 431-53

DH747823 attachment couzo526

TALLAHASSEE MEMORIAL HEALTHCARE, INC. BOARD OF DIRECTORS

- C Mr. Larry Strom
 1300 Miccosukee Rd.
 Tallahassee, FL 32308

 V Ms. Susan Thompson
 1300 Miccosukee Rd.
- S Mr. Dennis Boyle 1300 Miccosukee Rd. Tallahassee, FL 32308
- T Margaret Lewis, RN, Ph.D. 1300 Miccosukee Rd. Tallahassee, FL 32308

Tallahassee, FL 32308

- D Joseph Camps, 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
- D Michael Forsthoefel, M.D. 1300 Miccosukee Rd. Tallahassee, FL 32308

- D Esaias Lee, M.D. 1300 Miccosukee Rd. Tallahassee, FL 32308
- D Mr. Jerry McDaniel 1300 Miccosukee Rd. Tallahassee, FL 32308
- D Mr. Charles Mitchell 1300 Miccosukee Rd. Tallahassee, FL 32308
- D Mr. Millard Noblin 1300 Miccosukee Rd. Tallahassee, FL 32308
- D Mr. Roger Smith 1300 Miccosukee Rd. Tallahassee, FL 32308
- D Mr. John Perry Thomas 1300 Miccosukee Rd. Tallahassee, FL 32308
- D Mr. Duncan Moore 1300 Miccosukee Rd. Tallahassee, FL 32308