1 of 2

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # 747823

1. Entity Name
TALLAHASSEE MEMORIAL HEALTHCARE, INC.

FILED
04 APR 30 AM 9:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
1300 MICCOSUKEE RD. TALLAHASSEE, FL 32311	1401 CENTERVILLE RD. BOX 210 TALLAHASSEE, FL 32308

02132004 Chg-NP CR2E037 (10/03)

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip 32308	Country	Zip	Country

4. FEI Number
59-1917016
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
DAVIS, JUDY RISK MANAGER/TMRMC 1300 MICCOSUKEE ROAD TALLAHASSEE, FL 32308	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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CD MCDANIEL, JERRY 1300 MICCOSUKEE RD. TALLAHASSEE, FL 32308	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	900035848859 ☐ Change ☐ Addition 05/11/04--01019--003 **61.25
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VCD BOYLE, DENNIS 1300 MICCOSUKEE RD. TALLAHASSEE, FL 32308	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD FIELDS, MIKE 1300 MICCOSUKEE RD. TALLAHASSEE, FL 32308	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SEE ATTACHED ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D FORSTHOEFEL, MICHAEL 1300 MICCOSUKEE RD. TALLAHASSEE, FL 32308	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D LEE, ESALAS JR 1300 MICCOSUKEE RD. TALLAHASSEE, FL 32308	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D LEWIS, MARGARET RN PHD 1300 MICCOSUKEE RD. TALLAHASSEE, FL 32308	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ 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: _____ Mark O'Bryant 4/29/04 850-431-5380
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

TALLAHASSEE MEMORIAL HEALTHCARE, INC.
BOARD OF DIRECTORS
1300 Miccosukee Road
Tallahassee, FL 32308

2003-2004

CD Mr. Dennis Boyle, Chair

VC/D Jack Crow, Ph.D., Vice Chairman

S/D Mr. Mike Fields, Secretary

T/D Michael Forsthoefel, M.D., Treasurer

D Mr. Jerry McDaniel

D Mr. Millard Noblin

D Mr. John Perry Thomas

D Ms. Susan Thompson

P/D Mr. Mark O'Bryant

D Mr. Martin Proctor

D Mr. Kim Williams

D Debra Austin, Ph.D.

D Todd Patterson, D.O.

D Mr. Martin Proctor

D Esaias Lee, Jr., M.D.

D Mr. Millard Noblin

D Mr. Larry Strom