


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # 747823 1. Entity Name TALLAHASSEE MEMORIAL HEALTHCARE, INC.	
---	---

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

DO NOT WRITE IN THIS SPACE

FILED
07 APR 30 AM 10:49
CLERK OF STATE
TALLAHASSEE, FLORIDA



03212007 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-1917016	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent DAVIS, JUDY RISK MANAGER/TMRMC 1300 MICCOSUKEE ROAD TALLAHASSEE, FL 32308

DO NOT WRITE
IN THIS SPACE

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 _____ (NOTE: Registered Agent signature required when remitting) DATE _____

Filing Fee is \$61.25 Due by May 1, 2007	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
---	--

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D AUSTIN, DEBRA ED.D. 1300 MICCOSUKEE RD. TALLAHASSEE, FL 32308
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DC FIELDS, MICHAEL M 1300 MICCOSUKEE RD. TALLAHASSEE, FL 32308
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVC FORSTHOEFEL, MICHAEL 1300 MICCOSUKEE RD. TALLAHASSEE, FL 32308
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS PROCTOR, MARTIN 1300 MICCOSUKEE RD. TALLAHASSEE, FL 32308
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D O'BRYANT, G. M 1300 MICCOSUKEE RD. TALLAHASSEE, FL 32308
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BROCK, HAROLD 1300 MICCOSUKEE RD. TALLAHASSEE, FL 32308

DO NOT WRITE
IN THIS SPACE

300101630683
05/07/07--01004--019 **61.25
\$351

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: G. Mark O'Bryant 4/30/07 850-431-5380
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

TALLAHASSEE MEMORIAL HEALTHCARE, INC.

BOARD OF DIRECTORS

2006 – 2007

1300 Miccosukee Road, Tallahassee, FL 32308

D Michael Fields
D/C Michael Forsthoefer, MD
D/VC Martin Proctor
D/S David Saint, MD
D Debra Austin, Ph.D.
D Harold Brock
D Joseph L. Camps, MD
D Laurie Dozier, III
D/T Erin Ennis
D Esaias F. Lee, Jr., MD
D Millard Noblin
D Susan Thompson
D Kim Williams
D Gary Winchester, MD
D Thomas L. Truman, MD