2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2003 8:00 am
Secretary of State
05-01-2003 90122 027 ****61.25

DOCUMENT # **747823**

1. Entity Name
TALLAHASSEE MEMORIAL HEALTHCARE, INC.

11030674

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

☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / 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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS $61.25

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	D LEE, ESAISA MD 1300 MICCOSUKEE RD. TALLAHASSEE FL 32308	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MCDANIEL, JERRY 1300 MICCOSUKEE RD. TALLAHASSEE FL 32308	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MITCHELL, CHARLES 1300 MICCOSUKEE RD. TALLAHASSEE FL 32308	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D NOBLIN, MILLARD 1300 MICCOSUKEE RD. TALLAHASSEE FL 32308	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D THOMAS, JOHN P 1300 MICCOSUKEE RD. TALLAHASSEE FL 32308	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MOORE, DUNCAN 1300 MICCOSUKEE RD. TALLAHASSEE FL 32308	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

See Attached

CR2E037 (10/02)

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: Duncan Moore SIGNATURE REQUIRED 4-25-03 431-5233
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

Attachment 747823 11030674

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

2002-2003

CD Mr. Jerry McDaniel, Chair

VC/D Mr. Dennis Boyle, Vice Chairman

S/D Jack Crow, Ph.D., Secretary

T/D Mr. Mike Fields, Treasurer

D Michael Forsthoefel, M.D.

D Esaias Lee, Jr., M.D.

D Margaret Lewis, RN, Ph.D.

D Mr. Charles (Chuck) Mitchell

D Mr. Millard Noblin

D David Saint, M.D.

D Mr. Roger Smith

D Mr. Larry Strom

D Mr. John Perry Thomas

D Ms. Susan Thompson

P/D Mr. Duncan Moore