

FILE NOW: FILING FEE IS \$61.25

**FILED**  
**Feb 26, 1999 8:00 am**  
**Secretary of State**

02-26-1999 90035 015 \*\*\*\*61.25

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|  |   |  |
|--|---|--|
| NONPROFIT<br>CORPORATION<br>ANNUAL REPORT<br><b>1999</b> |  | FLORIDA DEPARTMENT OF STATE<br><b>Katherine Harris</b><br>Secretary of State<br>DIVISION OF CORPORATIONS |
|--|---|--|

**DOCUMENT # N21302**

1. Corporation Name

**THE HEART INSTITUTE AT TALLAHASSEE MEMORIAL, INC**

*Tallahassee Memorial Heart + Vascular Institute*

Principal Place of Business

1300 MICCOSUKEE RD  
TALLAHASSEE FL 32308  
US

Mailing Address

1300 MICCOSUKEE RD  
TALLAHASSEE FL 32308  
US



2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

3. Date Incorporated or Qualified

06/24/1987

4. FEI Number

59-2835436

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Election Campaign Financing ☐

Trust Fund Contribution

**\$5.00** May Be  
Added to Fees

9. Name and Address of Current Registered Agent

HART, GERALD T.  
227 SOUTH CALHOUN STREET  
TALLAHASSEE FL 32301

10. Name and Address of New Registered Agent

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

| 12. OFFICERS AND DIRECTORS |                                    | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |   |
|----------------------------|------------------------------------|---|---|
| TITLE                      | D <input type="checkbox"/> DELETE  | 1.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | MCKENZIE, EARL, III                | 1.2 NAME  |   |
| STREET ADDRESS             | 410 VINNEDGE RIDE                  | 1.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                | TALLAHASSEE FL 32303               | 1.4 CITY-ST-ZIP                                       |   |
| TITLE                      | PD <input type="checkbox"/> DELETE | 2.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | BIXLER, THOMAS J.                  | 2.2 NAME  |   |
| STREET ADDRESS             | 421 MERIDIAN PL                    | 2.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                | TALLAHASSEE FL 32303               | 2.4 CITY-ST-ZIP                                       |   |
| TITLE                      | VD <input type="checkbox"/> DELETE | 3.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | JAWDE, ANDRE                       | 3.2 NAME  |   |
| STREET ADDRESS             | 2501 CHAMBERLIN DR.                | 3.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                | TALLAHASSEE FL                     | 3.4 CITY-ST-ZIP                                       |   |
| TITLE                      | VD <input type="checkbox"/> DELETE | 4.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | TEDRICK, DAVID L.                  | 4.2 NAME  |   |
| STREET ADDRESS             | 2556 MARSTON RD.                   | 4.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                | TALLAHASSEE FL                     | 4.4 CITY-ST-ZIP                                       |   |
| TITLE                      | VD <input type="checkbox"/> DELETE | 5.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | WILLIAMS, DENNIS E.                | 5.2 NAME  |   |
| STREET ADDRESS             | 614 SHORT STREET                   | 5.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                | TALLAHASSEE FL                     | 5.4 CITY-ST-ZIP                                       |   |
| TITLE                      | S <input type="checkbox"/> DELETE  | 6.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | MOORE, DUNCAN                      | 6.2 NAME  |   |
| STREET ADDRESS             | 2179 MILLERS LANDING RD.           | 6.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                | TALLAHASSEE FL                     | 6.4 CITY-ST-ZIP                                       |   |

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]*  
**SIGNATURE REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/5/99

(850) 681-5022  
Date Daytime Phone #

CR2E037 (11/98)