

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N21302

1. Entity Name

TALLAHASSEE MEMORIAL HEART AND VASCULAR INSTITUT

Principal Place of Business

1300 MICCOSUKEE RD
TALLAHASSEE FL 32308
US

Mailing Address

1300 MICCOSUKEE RD
TALLAHASSEE FL 32308-5064
US

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

59-2835436

Applied For

Not Applied For

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

MOORE, E. MURRAY JR.
215 SOUTH MONROE STREET
SECOND FLOOR
TALLAHASSEE FL 32301

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.

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
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE D ☐ Delete
NAME MCKENZIE, EARL, III
STREET ADDRESS 410 VINNEDGE RIDE
CITY-ST-ZIP TALLAHASSEE FL 32303

TITLE D ☐ Change ☒ Addition
NAME BIANCO, CHARLES C
STREET ADDRESS 1887 Millers Landing Road
CITY-ST-ZIP TALLAHASSEE FL 32312

TITLE PD ☐ Delete
NAME BIXLER, THOMAS J.
STREET ADDRESS 421 MERIDIAN PL
CITY-ST-ZIP TALLAHASSEE FL 32303

TITLE D ☐ Change ☒ Addition
NAME BRAFFORD, RON
STREET ADDRESS 3987 BOBBIN BROOK CIRCLE
CITY-ST-ZIP TALLAHASSEE FL 32312

TITLE VD ☐ Delete
NAME JAWDE, ANDRE
STREET ADDRESS 2501 CHAMBERLIN DR.
CITY-ST-ZIP TALLAHASSEE FL

TITLE D ☐ Change ☒ Addition
NAME KATOPODIS, JOHN
STREET ADDRESS 4779 HEDGEWOOD ROAD
CITY-ST-ZIP TALLAHASSEE FL 32308

TITLE VD ☐ Delete
NAME TEDRICK, DAVID L.
STREET ADDRESS 2556 MARSTON RD.
CITY-ST-ZIP TALLAHASSEE FL

TITLE D ☐ Change ☒ Addition
NAME LAWHORN, THOMAS
STREET ADDRESS 416 MERIDIAN RIDGE
CITY-ST-ZIP TALLAHASSEE FL 32303

TITLE VD ☐ Delete
NAME WILLIAMS, DENNIS E.
STREET ADDRESS 614 SHORT STREET
CITY-ST-ZIP TALLAHASSEE FL

TITLE D ☐ Change ☒ Addition
NAME SAINT, DAVID L
STREET ADDRESS 2407 TROLAND ROAD
CITY-ST-ZIP TALLAHASSEE FL 32312

TITLE S ☐ Delete
NAME MOORE, DUNCAN
STREET ADDRESS 2179 MILLERS LANDING RD.
CITY-ST-ZIP TALLAHASSEE FL

TITLE D ☐ Change ☒ Addition
NAME SMITH, DAVID W
STREET ADDRESS 2856 ROYAL OAKS DR
CITY-ST-ZIP TALLAHASSEE FL 32308

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in 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:

Signature

01/24/00

(850) 431-5022

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #