

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Feb 01, 2001 8:00 am**  
**Secretary of State**

0001074

**DOCUMENT # N21302**

1. Entity Name

**TALLAHASSEE MEMORIAL HEART AND VASCULAR INSTITUT**

02-01-2001 90042 017 \*\*\*\*61.25

Principal Place of Business

Mailing Address

**1300 MICCOSUKEE RD  
 TALLAHASSEE FL 32308  
 US**

**1300 MICCOSUKEE RD  
 TALLAHASSEE FL 32308  
 US**

**00014133**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**59-2835436**

Applied For

Not Applicable

Zip

Country

Zip

Country

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	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>MCKENZIE, EARL, III</b>	
STREET ADDRESS	<b>410 VINNEDGE RIDE</b>	
CITY-ST-ZIP	<b>TALLAHASSEE FL 32303</b>	
TITLE	<b>PD</b>	<input type="checkbox"/> Delete
NAME	<b>BIXLER, THOMAS J.</b>	
STREET ADDRESS	<b>421 MERIDIAN PL</b>	
CITY-ST-ZIP	<b>TALLAHASSEE FL 32303</b>	
TITLE	<b>VD</b>	<input type="checkbox"/> Delete
NAME	<b>JAWDE, ANDRE</b>	
STREET ADDRESS	<b>2501 CHAMBERLIN DR.</b>	
CITY-ST-ZIP	<b>TALLAHASSEE FL</b>	
TITLE	<b>VD</b>	<input type="checkbox"/> Delete
NAME	<b>TEDRICK, DAVID L.</b>	
STREET ADDRESS	<b>2556 MARSTON RD.</b>	
CITY-ST-ZIP	<b>TALLAHASSEE FL</b>	
TITLE	<b>VD</b>	<input type="checkbox"/> Delete
NAME	<b>WILLIAMS, DENNIS E.</b>	
STREET ADDRESS	<b>614 SHORT STREET</b>	
CITY-ST-ZIP	<b>TALLAHASSEE FL</b>	
TITLE	<b>S</b>	<input type="checkbox"/> Delete
NAME	<b>MOORE, DUNCAN</b>	
STREET ADDRESS	<b>2179 MILLERS LANDING RD.</b>	
CITY-ST-ZIP	<b>TALLAHASSEE FL</b>	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)