

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N21302

1. Entity Name

TALLAHASSEE MEMORIAL HEART AND VASCULAR INSTITUT  
E, INC.

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

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 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

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

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

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

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

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

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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ 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 199.07(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: 4/12/02



DO NOT WRITE IN THIS SPACE

CR2E037 (9/01)