

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 01, 2006 08:00 AM
Secretary of State

DOCUMENT # N21302	
1. Entity Name TALLAHASSEE MEMORIAL HEART AND VASCULAR INSTITUTE, INC.	

Principal Place of Business 1300 MICCOSUKEE RD TALLAHASSEE, FL 32308 US	Mailing Address 1300 MICCOSUKEE RD TALLAHASSEE, FL 32308 US
---	---

DO NOT WRITE IN THIS SPACE



02212006 No Chg-NP CR2E037 (11/05)

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

DO NOT WRITE IN THIS SPACE

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.

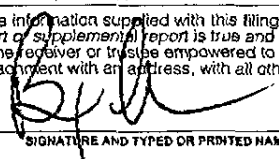
SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$61.25 Due by May 1, 2006	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
---	---

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MCKENZIE, EARL, III 10400 WADESBORO ROAD TALLAHASSEE, FL 32317
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BIXLER, THOMAS J. 421 MERIDIAN PL TALLAHASSEE, FL 32303
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD JAWDE, ANDRE 2501 CHAMBERLIN DR. TALLAHASSEE, FL 32308
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD TEORICK, DAVID L. 711 HILLCREST AVE TALLAHASSEE, FL 32308
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD WILLIAMS, DENNIS E. 2191 MILLER LANDING ROAD TALLAHASSEE, FL 32312
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD ALEE, J. GALT 13426 NORTH MERIDIAN ROAD TALLAHASSEE, FL 32312

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report of 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:  **Thomas J. Bixler** **2/28/06** **877-7886**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #