2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 27, 2008 8:00 am
Secretary of State
03-27-2008 90038 049 ****61.25

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

50002052

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

03032008 No Chg-NP CR2E037 (4/06)

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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

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

Filing Fee is $61.25
Due by May 1, 2008

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

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

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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 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: J. Galt Allee Treasurer 3/11/08 216-0120
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #