

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N21302

FILED  
May 12, 2009  
Secretary of State

**Entity Name:** TALLAHASSEE MEMORIAL HEART AND VASCULAR INSTITUTE, INC.

**Current Principal Place of Business:**

1300 MICCOSUKEE RD  
TALLAHASSEE, FL 32308 US

**New Principal Place of Business:**

**Current Mailing Address:**

1300 MICCOSUKEE RD  
TALLAHASSEE, FL 32308 US

**New Mailing Address:**

**FEI Number:** 59-2835436 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**Name and Address of Current Registered Agent:**

**Name and Address of New Registered Agent:**

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

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:

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: MCKENZIE, EARL, III  
Address: 10400 WADESBORO ROAD  
City-St-Zip: TALLAHASSEE, FL 32317

Title: PD ( ) Delete  
Name: BIXLER, THOMAS J.  
Address: 421 MERIDIAN PL  
City-St-Zip: TALLAHASSEE, FL 32303

Title: VD ( ) Delete  
Name: JAWDE, ANDRE  
Address: 2501 CHAMBERLIN DR.  
City-St-Zip: TALLAHASSEE, FL 32308

Title: VD ( ) Delete  
Name: TEDRICK, DAVID L.  
Address: 711 HILLCREST AVE  
City-St-Zip: TALLAHASSEE, FL 32308

Title: VD ( ) Delete  
Name: WILLIAMS, DENNIS E.  
Address: 2191 MILLER LANDING ROAD  
City-St-Zip: TALLAHASSEE, FL 32312

Title: TD ( ) Delete  
Name: ALEE, J. GALT  
Address: 13426 NORTH MERIDIAN ROAD  
City-St-Zip: TALLAHASSEE, FL 32312

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: THOMAS J. BIXLER

PD

05/12/2009

Electronic Signature of Signing Officer or Director

Date