

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N21302

FILED  
Feb 04, 2010  
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 ( )**

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

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

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

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  
**Name:** MCKENZIE, EARL, III  
**Address:** 10400 WADESBORO ROAD  
**City-St-Zip:** TALLAHASSEE, FL 32317

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

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

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

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

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

I hereby 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 all other like empowered.

**SIGNATURE:** J. GALT ALEE

TD

02/04/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date