SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: $155 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $305)

NONPROFIT CORPORATION ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
1995 AUG -3 AM 9:18
TALLAHASSEE, FLORIDA

DOCUMENT # **N32088** (9)

1. Corporation Name

RETIRED EMPLOYEES OF TALLAHASSEE MEMORIAL REGION AL MEDICAL CENTER, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
~~C/O OFFICE OF HUMAN RESOURCES~~ ~~1400 MAGNOLIA DR.~~ ~~TALLAHASSEE FL 32308~~	~~C/O OFFICE OF HUMAN RESOURCES~~ ~~1400 MAGNOLIA DR.~~ ~~TALLAHASSEE FL 32308~~

NO SUCH ADDRESS

Please use name and address of Treasurer *

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / County 25	Zip 29 / County 30

3. Date Incorporated or Qualified: 05/04/1989
3a. Date of Last Report: 04/06/1994
4. FEI Number: 59-2945895 — Applied For / Not Applicable
5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ — FILING FEE IS $61.25
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

ALBRIGHT, ANDREW E
3040 TIPPERARY DR.
TALLAHASSEE FL 32308

10. Name and Address of New Registered Agent

81 Name: * EBEL, Mr. John A., Treasurer
02 Street Address (P.O. Box Number is Not Acceptable): 2103 Woodstock Lane
83: Tallahassee, Fla. 32303-2738
84 City: Tallahassee, 85 FL Zip Code: 32303

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE: Andrew E. ALBRIGHT Andrew E. Albright 6-22-95
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD (FIRST)	11 TITLE	PD	☐ Change ☑ Addition
NAME	ALBRIGHT, ANDREW E	12 NAME	LEE, Mr. Dale	
STREET ADDRESS	3040 TIPPERARY DR.	13 STREET ADDRESS	7094 Blueberry Hill Drive	
CITY-ST-ZIP	TALLAHASSEE FL 32308	14 CITY-ST-ZIP	Tallahassee, Fla. 32303	
TITLE	V	21 TITLE	V	☐ Change ☑ Addition
NAME	~~VANARSDALE, PATRICIA P~~	22 NAME	DEMPSEY, Ms. Della B.	
STREET ADDRESS	~~1212 WINIFRED DR.~~	23 STREET ADDRESS	Route 4, Box 180	
CITY-ST-ZIP	~~TALLAHASSEE FL 32308~~	24 CITY-ST-ZIP	Monticello, Fla. 32344	
TITLE	SD	31 TITLE	SC	☑ Change ☐ Addition
NAME	MULLARKY, MARGARET M	32 NAME	MULLARKY, Ms. Margaret M.	
STREET ADDRESS	1834 DEVRA DR.	33 STREET ADDRESS	1834 Devra Drive	
CITY-ST-ZIP	TALLAHASSEE FL 32303	34 CITY-ST-ZIP	~~Tallahassee, Fla. 32303~~	
TITLE	TD	41 TITLE	TD	☑ Change ☐ Addition
NAME	~~DELANEY, VERNA P~~	42 NAME	EBEL, Mr. John A.	
STREET ADDRESS	~~1655 CAPITAL CIRCLE S.E.~~	43 STREET ADDRESS	2103 Woodstock Lane	
CITY-ST-ZIP	~~TALLAHASSEE FL 32301~~	44 CITY-ST-ZIP	Tallahassee, Fla. 32303-2738	
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY-ST-ZIP		54 CITY-ST-ZIP		
TITLE		61 TITLE	DIRECTOR	☐ Change ☑ Addition
NAME		62 NAME	KING, MRS. AGNES	
STREET ADDRESS		63 STREET ADDRESS	1900 TY TY COURT	
CITY-ST-ZIP		64 CITY-ST-ZIP	TALLAHASSEE FL 32308	

CR2E037 (3/95)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Andrew E. Albright Andrew E. Albright 6-22-95 (904) 893-3952
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0002461