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Feb 20 1997 8:00am  
Secretary of StateNONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # N32088 (9)

1. Corporation Name

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

Principal Place of Business

Mailing Address

2103 WOODSTOCK LANE  
TALLAHASSEE FL 32308  
US2103 WOODSTOCK LANE  
TALLAHASSEE FL 32303-2738  
US

2. Principal Place of Business

2a. Mailing Address

21 CHANGE ZIP TO: 32303-2738

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City &amp; State

City &amp; State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

EBEL, JOHN A.  
2103 WOODSTOCK LANE  
TALLAHASSEE FL 32303

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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

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 TD ☐ DELETENAME EBEL, JOHN A  
STREET ADDRESS 2103 WOODSTOCK LANE  
CITY - ST - ZIP TALLAHASSEE FL11 TITLE V: Vice-President ☐ Change ☒ Addition12 NAME King, Agnes  
13 STREET ADDRESS 1900 Ty Ty Court  
14 CITY - ST - ZIP Tallahassee, FL 32308-6142TITLE D ☒ DELETENAME HOWARD, REBECCA  
STREET ADDRESS 2225 HOLTEN ST  
CITY - ST - ZIP TALLAHASSEE FL21 TITLE D: Director ☒ Change ☐ Addition22 NAME Hughes, Necie B.  
23 STREET ADDRESS 2075 Brim Lane  
24 CITY - ST - ZIP Tallahassee, FL 32308TITLE SD ☐ DELETENAME MULLARKY, MARGARET M  
STREET ADDRESS 1834 DEVRA DR.  
CITY - ST - ZIP TALLAHASSEE FL 3230331 TITLE D: Director ☒ Change ☐ Addition32 NAME Gray, Lillie Mae  
33 STREET ADDRESS 2324 Kara Drive  
34 CITY - ST - ZIP Tallahassee, FL 32303TITLE D ☒ DELETENAME BERRY, WAYMON  
STREET ADDRESS 58 GREEN-BERRY ROAD  
CITY - ST - ZIP CRAWFORDVILLE FL4.1 TITLE ☐ Change ☐ Addition4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY - ST - ZIPTITLE D ☐ DELETENAME LEE, DELMA C  
STREET ADDRESS 7094 BLUEBERRY HILL DRIVE  
CITY - ST - ZIP TALLAHASSEE FL5.1 TITLE PD ☒ Change ☐ Addition5.2 NAME LEE, DELMA  
5.3 STREET ADDRESS  
5.4 CITY - ST - ZIPTITLE PD ☐ DELETENAME DEMPSEY, DELLA B  
STREET ADDRESS ROUTE 5 BOX 5916  
CITY - ST - ZIP MONTICELLO FL 236.1 TITLE D ☒ Change ☐ Addition6.2 NAME DEMPSEY, DELLA  
6.3 STREET ADDRESS  
6.4 CITY - ST - ZIP

14. I do hereby certify that the information supplied with this filing 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # (area code)

CR2E037 (9/96)