1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # N32088

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

Principal Place of Business								
2103 WOODSTOCK LANE TALLAHASSEE FL 32303-738								
US								

Mailing Address

2103 WOODSTOCK LANE TALLAHASSEE FL 32303

FILED Mar 08, 1999 8:00 am § Secretary of State

03-08-1999 90093 004 ****61.25



US	US					T INDULTAT SAND TITLE LITATI BATAN TATAN YANT SIRKI BIRKI BIRKI BIRKI BIRKI BIRKI BIRKI BIRKI SIRKI SIRKI SIRKI			
—	lace of Business	Ža. Mailing Address				3. Date Incorporated or Qualifed 05/04/1989			
Suite, Apt.	# 010	Suite, Apt. #, etc.				4. FEI Number	An	plied For	
	#, etc.	27				59-2945895	1 22	Applicable	
22 City & Stat	e	City & State					\$8.75 A		
23	•	28				5. Certifcate of Status Desired	Fee Re	quired	
Zip	Country	Zip	Country	y		6. Election Campaign Financing	\$5.00	May Be	
24	25	29 30				Trust Fund Contribution	Added t	-	
	9. Name and Address of Current	, Li. L				10. Name and Address of New Regist	ered Agent		
		***	81	Na	ame	•			
EBEL. JOHN A.				20 Ct Addus- (D.O. Pau Niumber is Net Accordable)					
			82 Street Add			Idress (P.O. Box Number is Not Acceptable)			
	ODSTOCK LANE		83						
IALLAHAS	SSEE FL 32303		L					<u></u>	
			84	l Cit	ty	•	FL 85 Zip C	ode	
11 Several As the providing of Section 617 0503 and 617 1508. Florida Statutes the above parted composition 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 nereby 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)						when reinstating) DA	TE		
12.	OFFICERS AND		13.			ADDITIONS/CHANGES TO OFFICER	S AND DIRECTO		
TITLE	TD	☐ DELETE	1.1 TTLE		B	etty Lou Tricquet	Change	Addition	
NAME	EBEL, JOHN A		1.2 NAME		₽				
STREET ADDRESS	2103 WOODSTOCK LANE		1.3 STREE	T ADDF		783 Folkstone Road	_ 4 _		
CITY-ST-ZIP	TALLAHASSEE FL		1.4 CITY-5	ST-ZIP	T	allahassee, FL 32	312		
TITLE	VP	☐ DELETE	2.1 TITLE		Ď		☐ Change	Addition	
NAME	KING, AGNES		2.2 NAME		A.I	ndrew E. Albright 040 Tipperary Drive	^	Ţ	
STREET ADDRESS	1900 TY TY COURT		2.3 STREE	ET ADDI			e 308		
CITY-ST-ZIP	TALLAHASSEE FL 42		2. 4 CITY-		10	allanassee, fb 32.	300		
TITLE	SD	☐ DELETE	3.1 TITLE				☐ Change	Addition	
NAME	MULLARKEY, MARGARET M.		3.2 NAME		E	llis Spears			
STREET ADDRESS	1834 DEVRA DR		3.3 STREE		ncee	.0. Box 1113			
	TALLAHASSEE FL 32303		3.4. CITY-		C	rawfordville, FL	32326		
CITY-ST-ZIP TITLE	D	☐ DELETE	4.1 TITLE		D		☐ Change	Addition	
NAME	STRICKLAND, BOBBY R.		4. 2 NAME	:	o.	livia Meeks		-	
STREET ADDRESS	3657-2 WIGGINTON RD		4.3 STREE		RESS 1	745 CapitalrCircle	, N.E.		
CITY-ST-ZIP	TALLAHASSEE FL 32303		4.4 CITY-		Т;		308		
TITLE	PD	☐ DELETE	5.1 TITLE		P	PD	Change	☐ Addition	
NAME	LEE, DELMA C		5.2 NAME				D !		
STREET ADDRESS	7094 BLUEBERRY HILL DRIVE		5.3 STREE	ET ADD	RESS /	ee. Delma C. 094 Blueberry Hill	Drive		
	TALLAHASSEE FL		5.4 CITY-	ST-ZIP	'	Tallahassee, FL	32303		
CITY-ST-ZIP TITLE	D	▼ DELETE	6.1 TITLE	_			☐ Change	☐ Addition	
NAME	•		6.2 NAME						
STREET ADDRESS	DEMPSEY, DELLA B ROUTE 5 BOX 5916		6.3 STREE	ET ADDI	RESS				
CITY-ST-71P	MONTICELLO EL		6.4 CITY-	ST-ZIP					
CHY-SI-ZIP	I MILINIUSCII LA CI		'		,				

MONTICELLO FL 14. I 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, with all other like empowered.