

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N32088

FILED
Mar 28, 2007
Secretary of State

Entity Name: RETIRED EMPLOYEES OF TALLAHASSEE MEMORIAL HEALTHCARE, INC.

Current Principal Place of Business:

2103 WOODSTOCK LANE
TALLAHASSEE, FL 323032738 US

New Principal Place of Business:

Current Mailing Address:

2103 WOODSTOCK LANE
TALLAHASSEE, FL 32303 US

New Mailing Address:

FEI Number: 59-2945895

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

EBEL, JOHN A.
2103 WOODSTOCK LANE
TALLAHASSEE, FL 32303 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: P () Delete
Name: TRICQUET, BETTY LOU
Address: 1783 FOLKSTONE ROAD
City-St-Zip: TALLAHASSEE, FL 32312 US

Title: V () Delete
Name: BARNES, BETTY
Address: 1029 HARLEM ST.
City-St-Zip: TALLAHASSEE, FL 32304 US

Title: T () Delete
Name: EBEL, JOHN A
Address: 2103 WOODSTOCK LANE
City-St-Zip: TALLAHASSEE, FL 32303 US

Title: DS () Delete
Name: NELSON, SHIRLEY
Address: 1212 SPOTTSWOOD DRIVE
City-St-Zip: TALLAHASSEE, FL 32308 US

Title: D () Delete
Name: SHEFFIELD, JAMIE
Address: 101 OSCEOLA ROAD
City-St-Zip: PERRY, FL 32348 US

Title: D () Delete
Name: PENNY, BLASZYCK
Address: 4150 DEER LANE DRIVE
City-St-Zip: TALLAHASSEE, FL 32312 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: CONKLIN, JOSEPH E
Address: 409 GRAIL DRIVE
City-St-Zip: TALLAHASSEE, FL 32301 US

Title: V (X) Change () Addition
Name: ROBERTS, GLORIA A
Address: 2898 BELL DRIVE
City-St-Zip: TALLAHASSEE, FL 32303 US

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 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: JOHN A. EBEL

T

03/28/2007

Electronic Signature of Signing Officer or Director

Date