

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED  
Mar 03, 2008  
Secretary of State

DOCUMENT# N32088

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: CONKLIN, JOSEPH E  
Address: 409 GRAIL DRIVE  
City-St-Zip: TALLAHASSEE, FL 32301 US

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

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 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

03/03/2008

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date