

2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 737479

Entity Name: TALLAHASSEE MEMORIAL HEALTHCARE FOUNDATION, INC.**Current Principal Place of Business:**1331 E SIXTH AVE
TALLAHASSEE, FL 32303-6505**Current Mailing Address:**1331 E SIXTH AVE
TALLAHASSEE, FL 32303-6505**FEI Number:** 59-1727645**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**DAVIS, JUDY
1300 MICCOSUKEE RD.
TALLAHASSEE, FL 32308 US*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**Officer/Director Detail :**

Title	CT
Name	GUEMPLE, R. RANDY
Address	1331 E SIXTH AVENUE
City-State-Zip:	TALLAHASSEE FL 32303

Title	VCT
Name	CARROLL, FREDERICK III
Address	1331 E SIXTH AVENUE
City-State-Zip:	TALLAHASSEE FL 32303

Title	TT
Name	CHAMPION, ROGER
Address	1331 E SIXTH AVENUE
City-State-Zip:	TALLAHASSEE FL 32303

Title	ST
Name	PATTERSON, TODD D.O.
Address	1331 E SIXTH AVENUE
City-State-Zip:	TALLAHASSEE FL 32303

Title	CEO
Name	FORTUNAS, PAULA S
Address	1331 E SIXTH AVENUE
City-State-Zip:	TALLAHASSEE FL 32303

I hereby 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 all other like empowered.

SIGNATURE: PAULA S. FORTUNAS**PRESIDENT/CEO****01/24/2013**_____
Electronic Signature of Signing Officer/Director Detail_____
Date