

**2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N02000008243

**Entity Name:** CENTERPOINT TALLAHASSEE, INC.

**Current Principal Place of Business:**

1200 S MONROE ST  
TALLAHASSEE, FL 32301

**Current Mailing Address:**

P.O. BOX 14884  
TALLAHASSEE, FL 32317

**FEI Number: 22-3877978**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

LINLEY, TOM  
2015 CHOWKEEBIN NENE  
TALLAHASSEE, FL 32301 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	PD	Title	S/TD
Name	HOUGHTON, MIKE	Name	LINLEY, TOM
Address	3790 PINEY GROVE DR	Address	2015 CHOWKEEBIN NENE
City-State-Zip:	TALLAHASSEE FL 32311	City-State-Zip:	TALLAHASSEE FL 32301

*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: TOM LINLEY**

**REGISTERED AGENT**

**03/24/2013**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date