

**2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# G44760

**Entity Name:** M OF TALLAHASSEE, INC.**Current Principal Place of Business:**4223 CAPITAL CIR. NW  
TALLAHASSEE, FL 32303**Current Mailing Address:**4223 CAPITAL CIR. NW  
TALLAHASSEE, FL 32303**FEI Number:** 59-2280870**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**MAYFIELD, CATHERINE D  
4223 CAPITAL CIRCLE N.W.  
TALLAHASSEE, FL 32303 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	PRES
Name	MAYFIELD, EMORY L
Address	4223 CAPITAL CIRCLE N.W.
City-State-Zip:	TALLAHASSEE FL 32303

Title	VP
Name	MAYFIELD, WILLIAM
Address	4223 CAPITAL CIRCLE N.W.
City-State-Zip:	TALLAHASSEE FL 32303

Title	SVP
Name	MAYFIELD, CATHERINE D
Address	4223 CAPITAL CIRCLE N.W.
City-State-Zip:	TALLAHASSEE FL 32303

Title	VPC
Name	MAYFIELD, HENRY M
Address	4223 CAPITAL CIRCLE NW
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 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** CATHERINE D. MAYFIELD

SVP

02/10/2015

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