

2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 686377

FILED
Apr 27, 2010
Secretary of State

Entity Name: TALLAHASSEE MEDICAL CENTER, INC.

Current Principal Place of Business:

ONE PARK PLAZA
NASHVILLE, TN 37203 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 750
NASHVILLE, TN 37202 US

New Mailing Address:

FEI Number: 62-1091430 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND RD
PLANTATION, FL 33324 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DVP
Name: MOORE, A. BRUCE JR
Address: ONE PARK PLAZA
City-St-Zip: NASHVILLE, TN 37203 US

Title: DVPA
Name: FRANCK, JOHN M II
Address: ONE PARK PLAZA
City-St-Zip: NASHVILLE, TN 37203 US

Title: P
Name: HALL, CHUCK
Address: ONE PARK PLAZA
City-St-Zip: NASHVILLE, TN 37203 US

Title: VPT
Name: ANDERSON, DAVID G
Address: ONE PARK PLAZA
City-St-Zip: NASHVILLE, TN 37203 US

Title: DSVP
Name: JOHNSON, R. MILTON
Address: ONE PARK PLAZA
City-St-Zip: NASHVILLE, TN 37203 US

Title: VPS
Name: BLACKWOOD, DORA A
Address: ONE PARK PLAZA
City-St-Zip: NASHVILLE, TN 37203 US

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: DORA A. BLACKWOOD

VPS

04/27/2010

_____ Electronic Signature of Signing Officer or Director

_____ Date