

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

PROFIT CORPORATION  
ANNUAL REPORT  
**1996**



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morham  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
May 01 1996 8:00 am  
Secretary of State

DOCUMENT # **686377** (3)

1. Corporation Name  
**TALLAHASSEE MEDICAL CENTER, INC.**



Principal Place of Business  
**ONE PLAZA PARK  
NASHVILLE TN 37203  
US**

Mailing Address  
**P.O. BOX 570  
ATTN: TAX DEPT.  
NASHVILLE TN 37202  
US**

3. Date Incorporated or Qualified  
**09/03/1980**

3a. Date of Last Report  
**05/01/1995**

4. FET Number  
**62-1091430**

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution  **\$5.00 May Be Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes  Yes  No

2. Principal Place of Business  
21 Suite, Apt. #, etc.  
22 City & State  
23 Zip  
24 Country

2a. Mailing Address  
26 Suite, Apt. #, etc.  
27 City & State  
28 Zip  
29 Country

**9. Name and Address of Current Registered Agent**

**10. Name and Address of New Registered Agent**

**THE PRENTICE-HALL CORPORATION SYSTEM INC.  
1201 HAYS STREET  
SUITE 105  
TALLAHASSEE FL 32301**

81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**12. OFFICERS AND DIRECTORS**

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

TITLE	<b>P</b>	<input type="checkbox"/> DELETE
NAME	<b>MOEN, DANIEL J</b>	
STREET ADDRESS	<b>ONE PARK PLAZA</b>	
CITY - ST - ZIP	<b>NASHVILLE TN</b>	
TITLE	<b>SDS</b>	<input type="checkbox"/> DELETE
NAME	<b>BRAUN, STEPHEN T.</b>	
STREET ADDRESS	<b>ONE PARK PLAZA</b>	
CITY - ST - ZIP	<b>NASHVILLE, TN 00000</b>	
TITLE	<b>SDT</b>	<input type="checkbox"/> DELETE
NAME	<b>COLBY, DAVID C</b>	
STREET ADDRESS	<b>ONE PARK PLAZA</b>	
CITY - ST - ZIP	<b>NASHVILLE TN</b>	
TITLE	<b>SVP</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>MOORE, JOSEPH D.</b>	
STREET ADDRESS	<b>ONE PARK PLAZA</b>	
CITY - ST - ZIP	<b>NASHVILLE, TN 00000</b>	
TITLE	<b>V</b>	<input type="checkbox"/> DELETE
NAME	<b>DAUGHERTY, BETTYE D</b>	
STREET ADDRESS	<b>ONE PARK PLAZA</b>	
CITY - ST - ZIP	<b>NASHVILLE, TN 00000</b>	
TITLE	<b>P</b>	<input type="checkbox"/> DELETE
NAME	<b>HUSSEY, WILLIAM S</b>	
STREET ADDRESS	<b>ONE UNIV PARK, 12800 UNIV DR, #560</b>	
CITY - ST - ZIP	<b>FT MYERS FL</b>	

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	<b>D/V</b>
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	<b>D/V/T</b>
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	<b>John M Franck</b>
4.3 STREET ADDRESS	<b>One Park Plaza</b>
4.4 CITY - ST - ZIP	<b>Nashville, TN 37203</b>
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	<b>Johnson, R. Milton</b>
6.3 STREET ADDRESS	<b>One Park Plaza</b>
6.4 CITY - ST - ZIP	<b>Nashville, TN 37203</b>

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *R. Milton Johnson* **4/29/96** **615-377-9551**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (12/95)