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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1996 686377

(3)

DOCUMENT #
1. Corporation Name

SIGNATURE:

TALLAHASSEE MEDICAL CENTER, INC.

FILED									
May	01	1996	8:00	am					
Sec	reta	ary of	State						

Disability Diagn of Displaces	1 Apilipo Artrass						
Principal Place of Business ONE PLAZA PARK NASHVILLE TN 37203	Mailing Address P.O. BOX 570 ATTN: TAX DEPT. NASHVILLE TN 37202 US						
US			3. Date incorporated or Qualified				
2. Principal Place of Business	2a. Mailing Address 26			4. FEI Number 62-1091430		N	oplied For ot Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.	,		5. Certificate of Status Desired	LJ	Fee Re	Additional equired
City & State	City & State			Election Campaign Financing Trust Fund Contribution		Added	May Be to Fees
Zip Country 4 25	Zip 29]	Country 30	y 		es 🔲 No		199.032,
9. Name and Address of Curren	nt Registered Agent		T	10. Name and Address of New	Hegistered Age	nt	
THE PRENTICE-HALL CORPORATION SYSTEM INC.		81 Name 82 Street Add		ddress (P.O. Box Number is Not Acceptable)			
1201 HAYS STREET SUITE 105		83	3				
TALLAHASSEE FL 32301		84	4 City		FL®	5 Zip	Code
11. Pursuant to the provisions of Sections 607.0507 or registered agent, or both, in the State of Flori familiar with, and accept the obligations of, Sect	da. Such change was authon.	zea by the cor:	named corpo poration's boa	oration submits this statement for the p ard of directors. I hereby accept the ap	urnose of changir	ng its re istered a	gistered offic agent. I am
	cano tou il applicable. (N		ent signature region	rec when reinstainy	DATE		20 0 40
SIGNATURE: Signature, typed or printed name of registered agent	ID DIRECTORS	13.		ec when reinstaing ADDITIONS/CHANGES TO OF	FFICERS AND DIF		
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OF SIGNING OFFICER OF DIRECTOR