2001 UNIFORM BUSINESS REPORT (UBR)

FILED Mar 22, 2001 8:00 am Secretary of State DOCUMENT # 686377 1. Entity Name TALLAHASSEE MEDICAL CENTER, INC. 03-22-2001 90072 028 ***150.00 Principal Place of Business Mailing Address PO BOX 750 ONE PLAZA PARK NASHVILLE TN 37202 NASHVILLE TN 37203 N0028374 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State 4. FEI Number Applied For 62-1091430 Not Applicable \$8.75 Additional Zip Country Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name THE PRENTICE-HALL CORPORATION SYSTEM INC. Street Address (P.O. Box Number is Not Acceptable) 1201 HAYS STREET **SUITE 105** TALLAHASSEE FL 32301 Zip Code FL 8. 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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Addition DVPT ☐ Delete TITLE TITLE NAME MOORE, A. BRUCE NAME STREET ADDRESS STREET ADDRESS ONE PLAZA PARK CITY-ST-7IP CITY-ST-ZIP **NASHVILLE TN 37203** ☐ Addition ☐ Change DVS ☐ Delete TITLE FRANCK, JOHN M NAME STREET ADDRESS ONE PARK PLAZA STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP <u>nashville tn</u> ☐ Delete ☐ Change ☐ Addition TITLE TITLE NAME NAME GRUBBS, RONALD LEE STREET ADDRESS STREET ADDRESS ONE PLAZA PARK CITY-ST-7IP CITY-ST-ZIP NASHVILLE TN 37203 ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME DAUGHERTY, BETTYE D STREET ADDRESS STREET ADDRESS ONE PLAZA PARK CITY-ST-ZIP CITY-ST-ZIP NASHVILLE TN 37203 ☐ Change ☐ Addition ☐ Delete TITLE TITLE DVP NAME NAME JOHNSON, R. MILTON STREET ADDRESS STREET ADDRESS ONE PARK PLAZA CITY-ST-ZIP CITY-ST-ZIP NASHVILLE TN ☐ Delete ☐ Addition TITLE Change TITLE AS NAME NAME BLACKWOOD, DORA A STREET ADDRESS STREET ADDRESS ONE PLAZA PARK CITY-ST-ZIP CITY-ST-7IP NASHVILLE TN 37203 13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

David Denson **Assistant Secretary**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR