

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

**CORPORATION  
ANNUAL REPORT  
1995**



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

**APPROVED  
AND  
FILED**

95 APR 24 AM 11:32

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # K91930 (3)**

1. Corporation Name  
**TALLAHASSEE MEDICAL CORPORATION**

Principal Place of Business  
**200-C NORTHPOINT BLVD  
TALLAHASSEE FL 32308-4112  
US**

Mailing Address  
**P O BOX 12835  
TALLAHASSEE FL 32317-835  
US**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified  
**06/01/1989**

3a. Date of Last Report  
**04/27/1994**

2. Principal Place of Business

21 **2783-C Capital Circle**

22 Suite, Apt. #, etc. **N.E.**

23 **Tallahassee, FL**

24 **32308** 25 **LEON**

26 Mailing Address

27 Suite, Apt. #, etc.

28 City & State

29 Zip

30 Country

4. FEI Number  
**59-2962517**

Applied For  
 Applied For  
 Not Applicable

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**WOOD, JOHN H.  
919 SHADOWLAWN DR  
TALLAHASSEE FL 32312**

81 Name **Bryan Desloge**

82 Street Address (P.O. Box Number is Not Acceptable)  
**3057 HAWKS GLEN**

83

84 City **Tallahassee FL** 85 Zip Code **32312**

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 **Bryan Desloge** (NOTE: Registered Agent signature required when reselecting) DATE

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

OFFICERS AND DIRECTORS		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>D</b>	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>WOOD, JOHN H.</b>	1.2 NAME	<b>Delete</b>
STREET ADDRESS	<b>919 SHADOWLAWN DR</b>	1.3 STREET ADDRESS	
CITY - ST - ZIP	<b>TALLAHASSEE FL</b>	1.4 CITY - ST - ZIP	
TITLE	<b>D</b>	2.1 TITLE	
NAME	<b>DESLOGE, BRYAN</b>	2.2 NAME	
STREET ADDRESS	<b>3057 HAWKS GLEN</b>	2.3 STREET ADDRESS	
CITY - ST - ZIP	<b>TALLAHASSEE FL</b>	2.4 CITY - ST - ZIP	
TITLE		3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY - ST - ZIP		3.4 CITY - ST - ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

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 110.07(3)(4), 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 007, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or as an attachment with an address.

SIGNATURE: **[Signature]** 4.20.95 422-2211  
SIGNATURE AND TITLE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #