FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT 1995

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

APPROVED AND FILED
95 APR 27 AM 11:49
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 745494 (5)

1. Corporation Name
NORTH FLORIDA MEDICAL CENTERS, INC.

Principal Place of Business	Mailing Address
200 EAST 2ND ST. P.O. BOX 40 WEWAHITCHKA FL 32465	200 EAST 2ND ST. P.O. BOX 40 WEWAHITCHKA FL 32465

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 01/09/1979
3a. Date of Last Report: 06/14/1994
4. FEI Number: 59-1915144 ☐ 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

MCKNIGHT, JAMES W.
200 EAST 2ND ST.
WEWAHITCHKA FL 32465

10. Name and Address of New Registered Agent

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	~~SD~~		1.1 TITLE	SD	☐ Change ☒ Addition
NAME	~~STRANGE, GINGER~~		1.2 NAME	Justina Cone	
STREET ADDRESS	~~P.O. BOX 936~~	~~N/A~~	1.3 STREET ADDRESS	P.O. Box 23	N/A
CITY-ST-ZIP	~~WEWAHITCHKA FL 32465~~		1.4 CITY-ST-ZIP	Greenville, FL. 32331	
TITLE	~~SD~~		2.1 TITLE	D	☒ Change ☐ Addition
NAME	~~BARLOW, MARGARET~~		2.2 NAME	Barlow, Margaret	
STREET ADDRESS	~~BOX 491~~	N/A	2.3 STREET ADDRESS	P.O. Box 491	N/A
CITY-ST-ZIP	~~WEWAHITCHKA FL~~		2.4 CITY-ST-ZIP	Wewahitchka FL. 32465	
TITLE	~~VD~~		3.1 TITLE	CD	☐ Change ☒ Addition
NAME	~~WILLIAMS, JACKIE~~		3.2 NAME	Sheila Frierson	
STREET ADDRESS	~~BOX 550~~	N/A	3.3 STREET ADDRESS	P.O. Box 474	N/A
CITY-ST-ZIP	~~CARRABELLE FL~~		3.4 CITY-ST-ZIP	Cross City, FL. 32628	
TITLE	~~D~~		4.1 TITLE	VD	☐ Change ☒ Addition
NAME	~~NEEL, SAM~~		4.2 NAME	Mavis Pomeroy	
STREET ADDRESS	~~BOX 740~~	N/A	4.3 STREET ADDRESS	315 N. Key St	
CITY-ST-ZIP	~~CARRABELLE FL~~		4.4 CITY-ST-ZIP	Quincy, FL. 32351	
TITLE	TD		5.1 TITLE	TD	☐ Change ☒ Addition
NAME	RANIE, BEN		5.2 NAME	Watson, David	
STREET ADDRESS	BOX 242	N/A	5.3 STREET ADDRESS	Rt 2 Box 251-A	N/A
CITY-ST-ZIP	WEWAHITCHKA FL		5.4 CITY-ST-ZIP	Quincy, FL. 32351	
TITLE	~~D~~		6.1 TITLE	~~Colitha Matthis~~ D	☐ Change ☒ Addition
NAME	~~THOMAS, ANDY~~		6.2 NAME	Matthis, Colitha	
STREET ADDRESS	~~BOX 662~~	N/A	6.3 STREET ADDRESS	Route 1 Box 217	N/A
CITY-ST-ZIP	~~WEWAHITCHKA FL~~		6.4 CITY-ST-ZIP	Branford FL. 32008	

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)(i), 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Sheila Frierson · Sheila Frierson 4/24/95 904-463-6510
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

000921B