

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

NON PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 745494 (5)
1. Corporation Name

North Florida Medical Centers, Inc.

Principal Place of Business

Mailing Address

200 East 2nd St.
PO Box 40
Wewahitchka, FL 32465

200 East 2nd St.
PO Box 40
Wewahitchka, FL 32465

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

01/09/1979

3a. Date of Last Report

04/27/1995

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

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

Yes No

10. Name and Address of New Registered Agent

McKnight, James W.
200 East 2nd St
Wewahitchka, FL 32465

81 Name

Horne, Basile

82 Street Address (P.O. Box Number is Not Acceptable)

PO Box 40

83

200 East 2nd St.

84 City

Wewahitchka

FL

85 Zip Code

32465

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 or its sole officer or director, or its sole member, and I, the undersigned, am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Basile N. Horne

Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

-11/12/96--01024--026

****236.25 ****236.25

12. OFFICERS AND DIRECTORS

TITLE SD ☐ DELETE

NAME CONE, JUSTINA
STREET ADDRESS PO BOX 23 N/A
CITY-ST-ZIP GREENVILLE, FL

TITLE D ☒ DELETE

NAME BARLOW, MARGARET
STREET ADDRESS PO BOX 491 N/A
CITY-ST-ZIP WEWAHITCHKA, FL

TITLE CD ☒ DELETE

NAME FRIERSON, SHEILA
STREET ADDRESS PO BOX 474 N/A
CITY-ST-ZIP CROSS CITY, FL

TITLE VD ☒ DELETE

NAME PRUNKEY, MARIA
STREET ADDRESS 315 N KEY STREET
CITY-ST-ZIP QUINCY FL

TITLE TD ☒ DELETE

NAME RANIE, BEN
STREET ADDRESS PO BOX 242 N/A
CITY-ST-ZIP WEWAHITCHKA, FL

TITLE TD ☒ DELETE

NAME WATSON, DAVID
STREET ADDRESS RT 2, BOX 251-A N/A
CITY-ST-ZIP QUINCY, FL

13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE CD

1.2 NAME GRANBERRY, JULIAN

1.3 STREET ADDRESS PO BOX 398 N/A

1.4 CITY-ST-ZIP HORSESHOE BEACH, FL 32648

2.1 TITLE VD ☒ Change ☐ Addition

2.2 NAME BARLOW, MARGARET

2.3 STREET ADDRESS PO BOX 491 N/A

2.4 CITY-ST-ZIP WEWAHITCHKA, FL 32465

3.1 TITLE SD ☐ Change ☐ Addition

3.2 NAME CONE, JUSTINA

3.3 STREET ADDRESS PO BOX 23 N/A

3.4 CITY-ST-ZIP GREENVILLE, FL 32331

4.1 TITLE TD ☐ Change ☒ Addition

4.2 NAME COULTHURST, BARBARA

4.3 STREET ADDRESS PO BOX 1337 N/A

4.4 CITY-ST-ZIP MAYO, FL 32066

5.1 TITLE D ☐ Change ☒ Addition

5.2 NAME ARCHER, JACK

5.3 STREET ADDRESS 402 GLENRIDGE RD

5.4 CITY-ST-ZIP PERRY, FL 32347

6.1 TITLE D ☐ Change ☒ Addition

6.2 NAME WILLIAMS, JACKIE

6.3 STREET ADDRESS PO BOX 141 N/A

6.4 CITY-ST-ZIP PORT ST JOE, FL 32456

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

SIGNATURE:

Basile N. Horne

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED

96 NOV -5 AM 11:39

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 96

CR2E034 (3/96)