FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT

1997

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

FILED
97 JUN 23 AM 11:21
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # 745494

1. Corporation Name

North Florida Medical Centers, Inc.

Principal Place of Business	Mailing Address
1982 Capital Circle NE **Tallahassee, FL 32317**	**P.O. Box 12309** **Tallahassee, FL 32308**

3. Date Incorporated or Qualified: **1/09/79**
3a. Date of Last Report: **11/05/96**

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

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

9. Name and Address of Current Registered Agent

McKnight, James W.
200 East 2nd Street
Wewahitchka, Florida 32465

10. Name and Address of New Registered Agent

81 Name: **Basilene Horne**
82 Street Address (P.O. Box Number is Not Acceptable): **1982 Capital Circle NE**
83
84 City: **Tallahassee** **FL** 85 Zip Code: **32308**

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE: **Basilene Horne President/CEO** X Basilene H. Horne — DATE: **4/29/97**
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 / NAME / STREET ADDRESS / CITY-ST-ZIP	**Secretary** **Cone, Justina** **P.O. Box 23 N/A** **Greenville, Fl**	☒ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	**Chairman** **Coulthurst, Barbara** **P.O. Box 1337 N/A** **Mayo, FL 32066**	D	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	**Director** **Barlow, Margaret** **P.O. Box 491 N/A** **Wewahitchka, Fl 32465**	☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	**Vice Chairman** **Frierson, Sheila** **P.O. Box 474 N/A** **Cross City, FL 32628**	D	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	**Director Chairman** **Grauberry, Julian** **P.O. Box 398 N/A** **Horseshoe Beach, Fl 32468**	☒ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	**Treasurer** **Kemp, Berta** **Rt 4 Box 824** **Havana, Fl 32333**	D	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	**Director Treasurer** **Coulthurst, Barbara** **P.O. Box 1337 N/A** **Mayo, Fl 32066**	☒ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	**Secretary** **Mayhann, Dee** **P.O. Box955 N/A** **Wewahitchka, Fl 32465**	D	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	**Director** **Archer, Jack** **402 Glenridge RD** **Perry, Fl 32347**	☒ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	300002221833--0 -06/24/97--01093--002 *****61.25 *****61.25		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	**Director** **Williams, Jackie** **P.O. Box 141 N/A** **Port St. Joe Fl 32456**	☒ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP			☐ Change ☐ Addition

CR2E037 (9/96)

14. I do 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 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: **Basilene Horne President/CEO** X Basilene H. Horne — Date: **4/29/97** Daytime Phone #: **(904)385-4494**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR