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**Mar 03, 1999 8:00 am**  
**Secretary of State**

03-03-1999 90129 044 \*\*\*\*61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # 745494**

1. Corporation Name

**NORTH FLORIDA MEDICAL CENTERS, INC.**

157307 - 90129 - 44

Principal Place of Business

**1982 CAPITAL CIRCLE NE  
TALLAHASSEE FL 32308  
US**

Mailing Address

**PO BOX 12309  
TALLAHASSEE FL 32317  
US**



2. Principal Place of Business

**21** Suite, Apt. #, etc.

**22** City & State

**23** Zip Country

**24** **25**

2a. Mailing Address

**26** Suite, Apt. #, etc.

**27** City & State

**28** Zip Country

**29** **30**

3. Date Incorporated or Qualified

**01/09/1979**

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

9. Name and Address of Current Registered Agent

**MONTGOMERY, JOEL  
1982 CAPITAL CIRCLE NE  
TALLAHASSEE FL 32308**

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 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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **CD** ☐ DELETE  
NAME **COULTHURST, BARBARA**  
STREET ADDRESS **PO BOX 1337, N/A**  
CITY-ST-ZIP **MAYO FL 32066**

TITLE **VCD** ☒ DELETE  
NAME **RISH, RALPH**  
STREET ADDRESS **402 REID AVENUE**  
CITY-ST-ZIP **PORT ST. JOE FL 32465**

TITLE **T** ☐ DELETE  
NAME **KEMP, BERTA**  
STREET ADDRESS **RT 4 BOX 824**  
CITY-ST-ZIP **HAVANA FL 32333**

TITLE **S** ☐ DELETE  
NAME **MAYHANN, DEE**  
STREET ADDRESS **PO BOX 955, N/A**  
CITY-ST-ZIP **WEWAHITCHKA FL 32465**

TITLE **D** ☐ DELETE  
NAME **WATSON, DAVID**  
STREET ADDRESS **RT 2 BOX 251**  
CITY-ST-ZIP **QUINCY FL 32351**

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

**D**  
**PALOMO, MARICELA**  
**P.O. BOX 115**  
**QUINCY, FL 32351**

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

**D**  
**ARCHER, JACK**  
**402 Glenridge Rd**  
**PERRY, FL 32347**

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

**D**  
**Alexander, Clyde Jr.**  
**190 OAK ROAD**  
**MADISON, FL 32340**

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

**D**  
**BARLOW, Margaret**  
**P.O. BOX 491**  
**WEWAHITCHKA, FL 32465**

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

**VCD**

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

**D**  
**Archer John R.**  
**P.O. Box 133**  
**Steinhatchee FL 32359**

14. 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 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, with all other like empowered.

SIGNATURE: **JOEL MONTGOMERY**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Joel Montgomery

2/09/99

(850) 385-4494

Date

Daytime Phone #

CR2E037 (11/98)