

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 24, 2001 8:00 am
Secretary of State

01-24-2001 90085 044 ****61.25

DOCUMENT # 745494

1. Entity Name

NORTH FLORIDA MEDICAL CENTERS, INC.

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

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:
FEE IS \$61.25**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make Check Payable to
Department of State**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D COULTHURST, BARBARA PO BOX 1337, N/A MAYO FL 32066	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PALOMO, MARICELA PO BOX 115 QUINCY FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S KEMP, BERTA RT 4 BOX 824 HAVANA FL 32333	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MAYHANN, DEE PO BOX 955, N/A WEWAHITCHKA FL 32465	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T WATSON, DAVID RT 2 BOX 251 QUINCY FL 32351	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ARCHER, JACK 402 GLENRIDGE RD PERRY FL	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Archer, John R. P.O. Box 133 Steinhatchee, FL 32359	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T Hatfield, Shirley 4060 Roscrea Dr. Tallahassee, FL 32308	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Woods, Pat 351 W - End of First St. Old Town, FL 32680	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Brown, Chester P.O. Box 1799 Quincy, FL 32353	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	B C	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Pipping, David 14 Jackson St. Chattahoochee, FL 32324	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other persons empowered.

SIGNATURE:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-12-01

850-385-41494

Date Daytime Phone #

CR2E037 (10/00)