2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 21, 2002 8:00 am
Secretary of State
01-21-2002 90023 002 ****61.25

DOCUMENT # **745494**

1. Entity Name

NORTH FLORIDA MEDICAL CENTERS, INC.

Principal Place of Business	Mailing Address
1982 CAPITAL CIRCLE NE TALLAHASSEE FL 32308 US	PO BOX 12309 TALLAHASSEE FL 32317 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number **59-1915144** ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
MONTGOMERY, JOEL 1982 CAPITAL CIRCLE NE TALLAHASSEE FL 32308	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			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	☒ Delete	C Woody, Pat 3512 Old Town, FL 32680	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D PALOMO, MARICELA PO BOX 115 QUINCY FL	☐ Delete	D Coulhurst, Babara P.O. Box 1337 MAYO, FL 32066	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S KEMP, BERTA RT 4 BOX 824 HAVANA FL 32333	☐ Delete	D Pipping, David 14 Jackson St. Chattahooche, FL 32324	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MAYHANN, DEE PO BOX 955, N/A WEWAHITCHKA FL 32465	☐ Delete	T Mayhann, Dee P.O. Box 955 Wewahitchka, FL 32465	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T WATSON, DAVID RT 2 BOX 251 QUINCY FL 32351	☐ Delete	D Watson, David Rt 2 Box 251 Quincy, FL 32351	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ARCHER, JACK 402 GLENRIDGE RD PERRY FL	☐ Delete	D Rod Bennett P.O. Box 1011 Panacea, FL 32346-1011	☐ Change ☒ Addition

CR2E037 (9/01)

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 like empowered.

SIGNATURE: _____ Jan 11, 2002 850-385-4494, ext 18
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #