

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 19, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # 745494**

1. Entity Name  
**NORTH FLORIDA MEDICAL CENTERS, INC.**



Principal Place of Business  
**535 JOHN KNOX RD  
TALLAHASSEE, FL 32303 US**

Mailing Address  
**PO BOX 12309  
TALLAHASSEE, FL 32317 US**



01072005 No Chg-NP CR2E037 (10/03)

**DO NOT WRITE IN THIS SPACE**

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**

**MONTGOMERY, JOEL O CEO  
535 JOHN KNOX RD  
TALLAHASSEE, FL 32303**

**DO NOT WRITE  
IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25  
Due by May 1, 2005**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**D  
COULHURST, BARBARA  
311 MAIN STREET  
MAYO, FL 32066**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**D  
CARRANZA, MARICELA  
15 SOUTH ATLANTA ST  
QUINCY, FL 32353**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**S  
KEMP, BERTA  
129 TYRE RD  
HAVANA, FL 32333**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**T  
MAYHANN, DEE  
325 LAKE GROVE  
WEWAHITCHKA, FL 32465**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**D  
BOLAND, JERRY DR  
2309 ARMISTEAD RD  
TALLAHASSEE, FL 32308**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**D  
ARCHER, JACK  
402 GLENRIDGE RD  
PERRY, FL 32347**

U000001184888  
01/20/05-80049-007 61.25

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01-07-05

Date

Daytime Phone #