

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 745494

FILED  
Jan 26, 2006  
Secretary of State

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

**Current Principal Place of Business:**

535 JOHN KNOX RD  
TALLAHASSEE, FL 32303 US

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 12309  
TALLAHASSEE, FL 32317 US

**New Mailing Address:**

**FEI Number:** 59-1915144      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: COULHURST, BARBARA  
Address: 311 MAIN STREET  
City-St-Zip: MAYO, FL 32066

Title: D ( ) Delete  
Name: CARRANZA, MARICELA  
Address: 15 SOUTH ATLANTA ST  
City-St-Zip: QUINCY, FL 32353

Title: S ( ) Delete  
Name: KEMP, BERTA  
Address: 129 TYRE RD  
City-St-Zip: HAVANA, FL 32333

Title: T ( ) Delete  
Name: MAYHANN, DEE  
Address: 325 LAKE GROVE  
City-St-Zip: WEWAHITCHKA, FL 32465

Title: D ( ) Delete  
Name: BOLAND, JERRY DR  
Address: 2309 ARMISTEAD RD  
City-St-Zip: TALLAHASSEE, FL 32308

Title: D ( ) Delete  
Name: ARCHER, JACK  
Address: 402 GLENRIDGE RD  
City-St-Zip: PERRY, FL 32347

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: D (X) Change ( ) Addition  
Name: KEMP, BERTA J  
Address: P.O. BOX 566  
City-St-Zip: HAVANA, FL 32333

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DON PORTERFIELD

CFO

01/26/2006

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date