2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 10, 2007 8:00 am
Secretary of State
01-10-2007 90046 034 ****61.25

DOCUMENT # 745494

1. Entity Name
NORTH FLORIDA MEDICAL CENTERS, INC.

Principal Place of Business	Mailing Address
535 JOHN KNOX RD TALLAHASSEE, FL 32303 US	PO BOX 12309 TALLAHASSEE, FL 32317 US

01042007 Chg-NP CR2E037 (12/06)

2. Principal Place of Business - No P.O. Box #	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 O CEO 535 JOHN KNOX RD TALLAHASSEE, FL 32303	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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2007

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

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S T COULHURST, BARBARA 311 MAIN STREET MAYO, FL 32066	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Grayson, Shepard 119 Franklin Blvd St. George Island, FL 32328	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D CARRANZA, MARICELA 15 SOUTH ATLANTA ST QUINCY, FL 32353	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	C Kinser-Lott, Kay 209 G.O. Willis Rd Sopchoppy, FL 32358	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S KEMP, BERTA 129 TYRE RD HAVANA, FL 32333	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Williams, Patrick 2313 Tupelo Terrace Tallahassee, FL 32303	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	X D MAYHANN, DEE 325 LAKE GROVE WEWAHITCHKA, FL 32465	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Woody, Pat 172nd Lane Fanning Springs, FL 32693	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D KEMP, BERTA J P.O. BOX 566 HAVANA, FL 32333	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Parrish, Ella Mae 1886 Holt Rd Perry, FL 32348	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ARCHER, JACK 402 GLENRIDGE RD PERRY, FL 32347	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: _____ 1-4-07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

ATTACHMENT
40000891

Additions to Officer & Directors for North Florida Medical Centers, Inc.
Document # 745494:

745494

This is being provided as a legible copy:

Title:	**D**
Name:	**GRAYSON, Shepard**
Street Address:	**119 Franklin Blvd**
City - ST - Zip:	**St Georges Island, FL 32328**

Title:	**C**
Name:	**KINSER-LOTT, Kay**
Street Address:	**209 G.O. Willis Road**
City - ST - Zip:	**Sopchoppy, FL 32358**

Title:	**D**
Name:	**WILLIAMS, Patrick**
Street Address:	**2313 Tupelo Trace**
City - ST - Zip:	**Tallahassee, FL 32303**

Title:	**D**
Name:	**WOODY, Pat**
Street Address:	**172nd Lane**
City - ST - Zip:	**Fanning Springs, FL 32693**

Title:	**D**
Name:	**PARRISH, Ella Mae**
Street Address:	**1886 Holt Rd**
City - ST - Zip:	**Perry, FL 32348**