


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 14, 2008 8:00 am
Secretary of State

04-14-2008 90033 001 ****61.25

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		
2. Principal Place of Business - No P.O. Box #			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		4. FEI Number 59-1915144	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent MONTGOMERY, JOEL O CEO 535 JOHN KNOX RD TALLAHASSEE, FL 32303				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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	T COULHURST, BARBARA 311 MAIN STREET MAYO, FL 32066	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	T/O <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CARRANZA, MARICELA 15 SOUTH ATLANTA ST QUINCY, FL 32353	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Joel O. Montgomery 1923 Vineland Lane Tallahassee, FL 32311 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S KEMP, BERTA 129 TYRE RD HAVANA, FL 32333	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	S/O <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MAYHANN, DEE 325 LAKE GROVE WEWAHITCHKA, FL 32465	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Don Porterfield 4616 Killimore Ln Tallahassee, FL 32309 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GRAYSON, SHEPARD 119 FRANKLIN BLVD ST. GEORGE ISLAND, FL 32328	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	112 Franklin Blvd <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C KINSER-LOTT, KAG 209 G.O. WILLIS RD SOPCHOPPY, FL 32358	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	C/O Kinsler, Kay <input checked="" type="checkbox"/> Change <input type="checkbox"/> 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: <u>JOEL MONTGOMERY</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			4-10-08 850-298-6001 <small>Date Daytime Phone #</small>		

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