

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 745494

FILED  
Jan 17, 2012  
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:**

535 JOHN KNOX RD  
TALLAHASSEE, FL 32303 US

**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:** TD  
**Name:** COULTHURST, BARBARA  
**Address:** 172 W. MAIN STREET  
**City-St-Zip:** MAYO, FL 32066

**Title:** P  
**Name:** MONTGOMERY, JOEL O  
**Address:** 1923 VINELAND LAND  
**City-St-Zip:** TALLAHASSEE, FL 32311

**Title:** V  
**Name:** SMITH, TARRELL J  
**Address:** 1216 CONSERVANCY DRIVE, E  
**City-St-Zip:** TALLAHASSEE, FL 32312

**Title:** SD  
**Name:** MAYHANN, DEE  
**Address:** 325 LAKE GROVE ROAD  
**City-St-Zip:** WEWAHITCHKA, FL 32465

**Title:** CD  
**Name:** WILLIAMS, PATRICK  
**Address:** 2313 TUPELO TERRACE  
**City-St-Zip:** TALLAHASSEE, FL 32303

**Title:** D  
**Name:** PARRISH, ELLA MAE  
**Address:** 1886 HOLT ROAD  
**City-St-Zip:** PERRY, FL 32348

I hereby 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 all other like empowered.

**SIGNATURE:** TARRELL J. SMITH

VP

01/17/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date