

2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# 745494

FILED
Jan 06, 2003
Secretary of State

Entity Name: NORTH FLORIDA MEDICAL CENTERS, INC.

Current Principal Place of Business:

1982 CAPITAL CIRCLE NE
TALLAHASSEE, FL 32308 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
1982 CAPITAL CIRCLE NE
TALLAHASSEE, FL 32308 US

Name and Address of New Registered Agent:

MONTGOMERY, JOEL O CEO
1982 CAPITAL CIRCLE NE
TALLAHASSEE, FL 32308 US

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: JOEL O MONTGOMERY

01/06/2003

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: COULHURST, BARBARA
Address: P.O. BOX 1337
City-St-Zip: MAYO, FL 32066

Title: D () Delete
Name: PALOMO, MARICELA
Address: PO BOX 115
City-St-Zip: QUINCY, FL

Title: S () Delete
Name: KEMP, BERTA
Address: RT 4 BOX 824
City-St-Zip: HAVANA, FL 32333

Title: T () Delete
Name: MAYHANN, DEE
Address: P.O. BOX 955
City-St-Zip: WEWAHITCHKA, FL 32465

Title: D () Delete
Name: WATSON, DAVID
Address: RT 2 BOX 251
City-St-Zip: QUINCY, FL 32351

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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

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

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: BERTA JEAN KEMP

S

01/06/2003

Electronic Signature of Signing Officer or Director

Date

PAT WOODY CHAIRPERSON
8650 NW 172 ND LANE
FANNING SPRINGS, FL 32693

KAY WILLIAMSON DIRECTOR
P.O. BOX 1057
PANACEA, FL 32346

PATRICK WILLIAMS DIRECTOR
2313 TUPELO TER
TALLAHASSEE, FL 32303