SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375.)

NON PROFIT CORPORATION ANNUAL REPORT
1996

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
96 NOV -5 AM 11:39
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 745494 (5)

1. Corporation Name
North Florida Medical Centers, Inc.

REINSTATEMENT 96

Principal Place of Business	Mailing Address
200 East 2nd St. PO Box 40 Wewahitchka, FL 32465	200 East 2nd St. PO Box 40 Wewahitchka, FL 32465

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip / Country 24 / 25	Zip / Country 29 / 30

3. Date Incorporated or Qualified: 01/09/1979
3a. Date of Last Report: 04/27/1995
4. FEI Number: 59-1915144 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

McKnight, James W.
200 East 2nd St
Wewahitchka, FL 32465

10. Name and Address of New Registered Agent

81 Name: Horne, Basilene
82 Street Address (P.O. Box Number is Not Acceptable): PO Box 40
83: 200 East 2nd St.
84 City: Wewahitchka **FL** 85 Zip Code: 32465

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors (if empty, corporation appointed registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

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

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****236.25 ****236.25

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	SD	☐ DELETE	1.1 TITLE	CD	☐ Change ☐ Addition
NAME	CONE, JUSTINA		1.2 NAME	GRANBERRY, JULIAN	
STREET ADDRESS	PO BOX 23 N/A		1.3 STREET ADDRESS	PO BOX 398 N/A	
CITY-ST-ZIP	GREENVILLE, FL		1.4 CITY-ST-ZIP	HORSESHOE BEACH, FL 32648	
TITLE	D	☒ DELETE	2.1 TITLE	VD	☒ Change ☐ Addition
NAME	BARLOW, MARGARET		2.2 NAME	BARLOW, MARGARET	
STREET ADDRESS	PO BOX 491 N/A		2.3 STREET ADDRESS	PO BOX 491 N/A	
CITY-ST-ZIP	WEWAHITCHKA, FL		2.4 CITY-ST-ZIP	WEWAHITCHKA, FL 32465	
TITLE	CD	☒ DELETE	3.1 TITLE	SD	☐ Change ☐ Addition
NAME	FRIERSON, SHEILA		3.2 NAME	CONE, JUSTINA	
STREET ADDRESS	PO BOX 474 N/A		3.3 STREET ADDRESS	PO BOX 23 N/A	
CITY-ST-ZIP	CROSS CITY, FL		3.4 CITY-ST-ZIP	GREENVILLE, FL 32331	
TITLE	VD	☒ DELETE	4.1 TITLE	TD	☐ Change ☒ Addition
NAME	PRUNKEY, MARIA		4.2 NAME	COULTHURST, BARBARA	
STREET ADDRESS	315 N KEY STREET		4.3 STREET ADDRESS	PO BOX 1337 N/A	
CITY-ST-ZIP	QUINCY FL		4.4 CITY-ST-ZIP	MAYO, FL 32066	
TITLE	TD	☒ DELETE	5.1 TITLE	D	☐ Change ☒ Addition
NAME	RANIE, BEN		5.2 NAME	ARCHER, JACK	
STREET ADDRESS	PO BOX 242 N/A		5.3 STREET ADDRESS	402 GLENRIDGE RD	
CITY-ST-ZIP	WEWAHITCHKA, FL		5.4 CITY-ST-ZIP	PERRY, FL 32347	
TITLE	TD	☒ DELETE	6.1 TITLE	D	☐ Change ☒ Addition
NAME	WATSON, DAVID		6.2 NAME	WILLIAMS, JACKIE	
STREET ADDRESS	RT 2, BOX 251-A N/A		6.3 STREET ADDRESS	PO BOX 141 N/A	
CITY-ST-ZIP	QUINCY, FL		6.4 CITY-ST-ZIP	PORT ST JOE, FL 32456	

CR2E034 (3/96)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Basilene N. Horne
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #