


FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
--	---	---

DOCUMENT # 745494

1. Corporation Name

North Florida Medical Centers, Inc.

Principal Place of Business

Mailing Address

1982 Capital Circle NE
Tallahassee, FL 32317

P.O. Box 12309
Tallahassee, FL 32308

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

3. Date Incorporated or Qualified

1/09/79

3a. Date of Last Report

11/05/96

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 Street
Wewahitchka, Florida 32465

10. Name and Address of New Registered Agent

81 Name

Basilene Horne

82 Street Address (P.O. Box Number is Not Acceptable)

1982 Capital Circle NE

83

84 City

Tallahassee

FL

85 Zip Code

32308

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE Basilene Horne President/CEO

(NOTE: Registered Agent signature required when reappointing)

DATE

4/29/97

12. OFFICERS AND DIRECTORS

TITLE	Secretary	<input checked="" type="checkbox"/> DELETE
NAME	Cone, Justina	
STREET ADDRESS	P.O. Box 23 N/A	
CITY-ST-ZIP	Greenville, FL	

TITLE	Director	<input checked="" type="checkbox"/> DELETE
NAME	Barlow, Margaret	
STREET ADDRESS	P.O. Box 491 N/A	
CITY-ST-ZIP	Wewahitchka, FL 32465	

TITLE	Director Chairman	<input checked="" type="checkbox"/> DELETE
NAME	Grauberry, Julian	
STREET ADDRESS	P.O. Box 398 N/A	
CITY-ST-ZIP	Horseshoe Beach, FL 32468	

TITLE	Director Treasurer	<input checked="" type="checkbox"/> DELETE
NAME	Coulthurst, Barbara	
STREET ADDRESS	P.O. Box 1337 N/A	
CITY-ST-ZIP	Mayo, FL 32066	

TITLE	Director	<input checked="" type="checkbox"/> DELETE
NAME	Archer, Jack	
STREET ADDRESS	402 Glenridge RD	
CITY-ST-ZIP	Perry, FL 32347	

TITLE	Director	<input checked="" type="checkbox"/> DELETE
NAME	Williams, Jackie	
STREET ADDRESS	P.O. Box 141 N/A	
CITY-ST-ZIP	Port St. Joe FL 32456	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	Chairman	D	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
12 NAME	Coulthurst, Barbara			
13 STREET ADDRESS	P.O. Box 1337 N/A			
14 CITY-ST-ZIP	Mayo, FL 32066			

21 TITLE	Vice Chairman	D	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
22 NAME	Frierson, Sheila			
23 STREET ADDRESS	P.O. Box 474 N/A			
24 CITY-ST-ZIP	Cross City, FL 32628			

31 TITLE	Treasurer	D	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
32 NAME	Kemp, Berta			
33 STREET ADDRESS	Rt 4 Box 824			
34 CITY-ST-ZIP	Havana, FL 32333			

41 TITLE	Secretary	D	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
42 NAME	Mayhann, Dee			
43 STREET ADDRESS	P.O. Box 955 N/A			
44 CITY-ST-ZIP	Wewahitchka, FL 32465			

51 TITLE			<input type="checkbox"/> Change	<input type="checkbox"/> Addition
52 NAME				
53 STREET ADDRESS				
54 CITY-ST-ZIP				

61 TITLE			<input type="checkbox"/> Change	<input type="checkbox"/> Addition
62 NAME				
63 STREET ADDRESS				
64 CITY-ST-ZIP				

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 Horne President/CEO

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date
4/29/97

Daytime Phone #
(904)385-4494

CR2E037 (9/96)