

FILE NOW: FILING FEE IS \$61.25

FILED
May 15 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998				FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # 745494 (5) 1. Corporation Name NORTH FLORIDA MEDICAL CENTERS, INC.					
Principal Place of Business 1982 CAPITAL CIRCLE NE TALLAHASSEE FL 32317			Mailing Address PO BOX 12309 TALLAHASSEE FL 32308		
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 1982 Capital Circle N.E. City & State 23 Tallahassee, FL Zip 24 32308		2a. Mailing Address 26 PO Box 12309 Suite, Apt. #, etc. City & State 28 Tallahassee, FL Zip 29 32317		3. Date Incorporated or Qualified 01/09/1979 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			
7. Is this nonprofit corporation a homeowners association? ☐ Yes ☒ No		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☒ No			
9. Name and Address of Current Registered Agent HORNE, BASILENE 1982 CAPITAL CIRCLE NE TALLAHASSEE FL 32317			10. Name and Address of New Registered Agent 81 Name Joel Montgomery 82 Street Address (P.O. Box Number Is Not Acceptable) 1982 Capital Circle N.E. 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 <i>Joel Montgomery</i> (NOTE: Registered Agent signature required when reinstating) DATE 4/7/98					
12. OFFICERS AND DIRECTORS					
TITLE	CD	☐ DELETE	1.1 TITLE	C & D	☒ Change ☐ Addition
NAME	COULTHURST, BARBARA		1.2 NAME	Barbara Coulthurst	
STREET ADDRESS	PO BOX 1337, N/A		1.3 STREET ADDRESS	PO Box 1337 N/A	
CITY-ST-ZIP	MAYO FL 32066		1.4 CITY-ST-ZIP	Mayo, FL 32066	
TITLE	VCD	☒ DELETE	2.1 TITLE	VC & D	☐ Change ☒ Addition
NAME	FRIERSON, SHEILLA		2.2 NAME	Ralph Rish	
STREET ADDRESS	PO BOX 474, N/A		2.3 STREET ADDRESS	402 Reid Avenue	
CITY-ST-ZIP	CROSS CITY FL 32628		2.4 CITY-ST-ZIP	Port St. Joe, FL 32465	
TITLE	T	☐ DELETE	3.1 TITLE	D	☐ Change ☒ Addition
NAME	KEMP, BERTA		3.2 NAME	David Watson	
STREET ADDRESS	RT 4 BOX 824		3.3 STREET ADDRESS	Rt 2 Box 251	
CITY-ST-ZIP	HAVANA FL 32333		3.4 CITY-ST-ZIP	Quincy, FL 32351	
TITLE	S	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	MAYHANN, DEE		4.2 NAME		
STREET ADDRESS	PO BOX 955, N/A		4.3 STREET ADDRESS		
CITY-ST-ZIP	WEWAHITCHKA FL 32465		4.4 CITY-ST-ZIP		
TITLE	DC	☒ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	GRANBERRY, JULIAN		5.2 NAME		
STREET ADDRESS	P.O. 398, N/A		5.3 STREET ADDRESS		
CITY-ST-ZIP	HORSE SHOE BEACH FL 32468		5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

14. I 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: *Joel Montgomery* **4/7/98 850-385-4494**

CP2E037 (10/97)