

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 745494

1. Entity Name

NORTH FLORIDA MEDICAL CENTERS, INC.

FILED
Jan 12, 2000 8:00 am
Secretary of State

01-12-2000 90075 031 ****61.25

Principal Place of Business

Mailing Address

1982 CAPITAL CIRCLE NE
TALLAHASSEE FL 32308
US

PO BOX 12309
TALLAHASSEE FL 32317-2309
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-1915144

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MONTGOMERY, JOEL
1982 CAPITAL CIRCLE NE
TALLAHASSEE FL 32308

Name

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

City

FL

Zip Code

8. 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE CD ☐ Delete
NAME COULTHURST, BARBARA
STREET ADDRESS PO BOX 1337, N/A
CITY-ST-ZIP MAYO FL 32066

TITLE D ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Delete
NAME PALOMO, MARICELA
STREET ADDRESS PO BOX 115
CITY-ST-ZIP QUINCY FL

TITLE CP ☐ Change ☒ Addition
NAME Archer, John R.
STREET ADDRESS P.O. Box 133
CITY-ST-ZIP Starhatchee FL 32359

TITLE T ☐ Delete
NAME KEMP, BERTA
STREET ADDRESS RT 4 BOX 824
CITY-ST-ZIP HAVANA FL 32333

TITLE S ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE S ☐ Delete
NAME MAYHANN, DEE
STREET ADDRESS PO BOX 955, N/A
CITY-ST-ZIP WEWAHITCHKA FL 32465

TITLE D ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Delete
NAME WATSON, DAVID
STREET ADDRESS RT 2 BOX 251
CITY-ST-ZIP QUINCY FL 32351

TITLE T ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Delete
NAME ARCHER, JACK
STREET ADDRESS 402 GLENRIDGE RD
CITY-ST-ZIP PERRY FL

TITLE D ☐ Change ☒ Addition
NAME Hatfield, Shirley
STREET ADDRESS 4060 Roscrea Dr.
CITY-ST-ZIP Tallahassee, FL 32308

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Joel Montgomery, CEO Jan 6, 2000

Date

Daytime Phone #

CR2E037 (9/99)