

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 26, 2004 8:00 am**  
**Secretary of State**

01-26-2004 90062 026 \*\*\*\*61.25

**DOCUMENT # 745494**

1. Entity Name  
**NORTH FLORIDA MEDICAL CENTERS, INC.**



Principal Place of Business  
**1982 CAPITAL CIRCLE NE  
TALLAHASSEE, FL 32308 US**

Mailing Address  
**PO BOX 12309  
TALLAHASSEE, FL 32317 US**



2. Principal Place of Business  
**535 John Knox Rd**

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01122004 Chg-NP CR2E037 (10/03)

City & State  
**Tallahassee FL**

City & State

4. FEI Number  
**59-1915144**

Applied For  
Not Applicable

Zip  
**32303**

Country  
**US**

Zip

Country

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

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

**535 John Knox Rd**

City

**Tallahassee**

**FL**

Zip Code

**32303**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25  
Due by May 1, 2004**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**Make check payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Delete  
NAME **D COULHURST, BARBARA**  
STREET ADDRESS **311 MAIN STREET**  
CITY-ST-ZIP **MAYO, FL 32066**

TITLE ☐ Change ☒ Addition  
NAME **D Shepard, Grayson**  
STREET ADDRESS **P.O. Box 704**  
CITY-ST-ZIP **EASTPOINT, FL 32328**

TITLE ☐ Delete  
NAME **D Carranza**  
STREET ADDRESS **PALOMO, MARICELA**  
CITY-ST-ZIP **PO BOX 446 15 South Atlanta St  
QUINCY, FL 32353**

TITLE ☐ Change ☒ Addition  
NAME **D Williams, Patrick**  
STREET ADDRESS **2313 Tupelo Terrace**  
CITY-ST-ZIP **Tallahassee, FL 32303**

TITLE ☐ Delete  
NAME **S KEMP, BERTA**  
STREET ADDRESS **129 TYRE RD**  
CITY-ST-ZIP **HAVANA, FL 32333**

TITLE ☐ Change ☒ Addition  
NAME **C Woody, Pat**  
STREET ADDRESS **8650 NW 172nd Ln**  
CITY-ST-ZIP **Fanning Springs, FL 32693**

TITLE ☐ Delete  
NAME **T MAYHANN, DEE**  
STREET ADDRESS **325 LAKE GROVE**  
CITY-ST-ZIP **WEWAHITCHKA, FL 32465**

TITLE ☐ Change ☒ Addition  
NAME **D Williamson, Kay**  
STREET ADDRESS **P.O. Box 1057**  
CITY-ST-ZIP **Panacea, FL 32346**

TITLE ☐ Delete  
NAME **D BOLAND, JERRY, DR.**  
STREET ADDRESS **2309 ARMISTEAD RD**  
CITY-ST-ZIP **TALLAHASSEE, FL 32308**

TITLE ☐ Change ☒ Addition  
NAME **D Rogers, Amy**  
STREET ADDRESS **121 North Bay St.**  
CITY-ST-ZIP **Port St. Joe, FL 32456**

TITLE ☐ Delete  
NAME **D ARCHER, JACK**  
STREET ADDRESS **402 GLENRIDGE RD**  
CITY-ST-ZIP **PERRY, FL 32347**

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

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

Date

Daytime Phone #

1-22-04