2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 26, 2006
Secretary of State

DOCUMENT# 745494

Entity Name: NORTH FLORIDA MEDICAL CENTERS, INC.

Current Principal Place of Business:

535 JOHN KNOX RD
TALLAHASSEE, FL 32303 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 12309
TALLAHASSEE, FL 32317 US

New Mailing Address:

FEI Number: 59-1915144 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MONTGOMERY, JOEL O CEO
535 JOHN KNOX RD
TALLAHASSEE, FL 32303 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title:	D	( ) Delete
Name:	COULHURST, BARBARA	
Address:	311 MAIN STREET	
City-St-Zip:	MAYO, FL 32066	
Title:	D	( ) Delete
Name:	CARRANZA, MARICELA	
Address:	15 SOUTH ATLANTA ST	
City-St-Zip:	QUINCY, FL 32353	
Title:	S	( ) Delete
Name:	KEMP, BERTA	
Address:	129 TYRE RD	
City-St-Zip:	HAVANA, FL 32333	
Title:	T	( ) Delete
Name:	MAYHANN, DEE	
Address:	325 LAKE GROVE	
City-St-Zip:	WEWAHITCHKA, FL 32465	
Title:	D	( ) Delete
Name:	BOLAND, JERRY DR	
Address:	2309 ARMISTEAD RD	
City-St-Zip:	TALLAHASSEE, FL 32308	
Title:	D	( ) Delete
Name:	ARCHER, JACK	
Address:	402 GLENRIDGE RD	
City-St-Zip:	PERRY, FL 32347	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	D	(X) Change ( ) Addition
Name:	KEMP, BERTA J	
Address:	P.O. BOX 566	
City-St-Zip:	HAVANA, FL 32333	
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DON PORTERFIELD CFO 01/26/2006

Electronic Signature of Signing Officer or Director — Date