

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 10, 2007 8:00 am**  
**Secretary of State**

01-10-2007 90046 034 \*\*\*\*61.25

<b>DOCUMENT # 745494</b> 1. Entity Name NORTH FLORIDA MEDICAL CENTERS, INC.					
Principal Place of Business 535 JOHN KNOX RD TALLAHASSEE, FL 32303 US			Mailing Address PO BOX 12309 TALLAHASSEE, FL 32317 US		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		01042007 Chg-NP CR2E037 (12/06)	
City & State		City & State		4. FEI Number 59-1915144	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$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 535 JOHN KNOX RD TALLAHASSEE, FL 32303				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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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 NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> T COULHURST, BARBARA 311 MAIN STREET MAYO, FL 32066	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Grayson, Shepard 119 Franklin Blvd St. George Island, FL 32328	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> D CARRANZA, MARICELA 15 SOUTH ATLANTA ST QUINCY, FL 32353	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Kinser-Lott, Kay 209 G.O. Willis Rd Sopcherry, FL 32358	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> S KEMP, BERTA 129 TYRE RD HAVANA, FL 32333	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Williams, Patrick 2313 Tupelo Terrace Tallahassee, FL 32303	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> MAYHANN, DEE 325 LAKE GROVE WEWAHITCHKA, FL 32465	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Woody, Pat 172nd Lane Fanning Springs, FL 32693	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> KEMP, BERTA J P.O. BOX 566 HAVANA, FL 32333	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Parrish, Ella Mae 1886 Holt Rd Perry, FL 32348	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> D ARCHER, JACK 402 GLENRIDGE RD PERRY, FL 32347	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 _____			1-4-07		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		

ATTACHMENT  
40000891

Additions to Officer & Directors for North Florida Medical Centers, Inc.  
Document # 745494:

745494

This is being provided as a legible copy:

Title: **D**  
Name: **GRAYSON, Shepard**  
Street Address: **119 Franklin Blvd**  
City - ST - Zip: **St Georges Island, FL 32328**

Title: **C**  
Name: **KINSER-LOTT, Kay**  
Street Address: **209 G.O. Willis Road**  
City - ST - Zip: **Sopchoppy, FL 32358**

Title: **D**  
Name: **WILLIAMS, Patrick**  
Street Address: **2313 Tupelo Trace**  
City - ST - Zip: **Tallahassee, FL 32303**

Title: **D**  
Name: **WOODY, Pat**  
Street Address: **172<sup>nd</sup> Lane**  
City - ST - Zip: **Fanning Springs, FL 32693**

Title: **D**  
Name: **PARRISH, Ella Mae**  
Street Address: **1886 Holt Rd**  
City - ST - Zip: **Perry, FL 32348**