

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 745494

FILED
Jan 10, 2011
Secretary of State

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 (X)**

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: TD
Name: COULTHURST, BARBARA
Address: 311 MAIN STREET
City-St-Zip: MAYO, FL 32066

Title: P
Name: MONTGOMERY, JOEL O
Address: 1923 VINELAND LAND
City-St-Zip: TALLAHASSEE, FL 32311

Title: V
Name: SMITH, TARRELL J
Address: 1216 CONSERVANCY DRIVE, E
City-St-Zip: TALLAHASSEE, FL 32312

Title: SD
Name: MAYHANN, DEE
Address: 112 FRANKLIN BLVD
City-St-Zip: WEWAHITCHKA, FL 32465

Title: CD
Name: WILLIAMS, PATRICK
Address: 2313 TUPELO TERRACE
City-St-Zip: TALLAHASSEE, FL 32303

Title: D
Name: PARRISH, ELLA MAE
Address: 1886 HOLT ROAD
City-St-Zip: PERRY, FL 32348

I hereby 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 all other like empowered.

SIGNATURE: TARRELL J. SMITH

CFO

01/10/2011

_____ Electronic Signature of Signing Officer or Director

_____ Date