

**2016 FLORIDA NOT FOR PROFIT CORPORATION AMENDED ANNUAL
REPORT**

DOCUMENT# 745494

Entity Name: NORTH FLORIDA MEDICAL CENTERS, INC.

Current Principal Place of Business:

2804 REMINGTON GREEN CIRCLE
TALLAHASSEE, FL 32308

Current Mailing Address:

2804 REMINGTON GREEN CIRCLE
TALLAHASSEE, FL 32308 US

FEI Number: 59-1915144

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

MONTGOMERY, JOEL O
2804 REMINGTON GREEN CIRCLE
TALLAHASSEE, FL 32308 US

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: JOEL O. MONTGOMERY

10/18/2016

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title TD
Name COULTHURST, BARBARA
Address 172 W. MAIN STREET
City-State-Zip: MAYO FL 32066

Title SD
Name MAYHANN, DEE
Address 325 LAKE GROVE ROAD
City-State-Zip: WEWAHITCHKA FL 32465

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

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

Title CD
Name SHEPARD, GRAYSON
Address P.O. BOX 695
City-State-Zip: EASTPOINT FL 32328-0695

Title V
Name WIGGINS, VICTORIA R
Address 5472 MARBLE COURT
City-State-Zip: MARIANNA FL 32446

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

VP/CFO

10/18/2016

Electronic Signature of Signing Officer/Director Detail

Date