

**2017 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:**

LUNN, LANE  
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:**

\_\_\_\_\_  
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 CEO  
Name LUNN, LANE  
Address 983 OLD FARM ROAD  
City-State-Zip: TALLAHASSEE FL 32317

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

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

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

Title CFO  
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:** VICTORIA WIGGINS

CFO

04/05/2017

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date