

**2018 FLORIDA NOT FOR PROFIT CORPORATION 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 DIRECTOR  
Name COULTHURST, BARBARA  
Address 172 W. MAIN STREET  
City-State-Zip: MAYO FL 32066

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

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

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

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

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

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

Title DIRECTOR  
Name CARRANZA, MARICELA  
Address PO BOX 115  
City-State-Zip: QUINCY FL 32351

**Continues on page 2**

*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

02/06/2018

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title	DIRECTOR	Title	DIRECTOR
Name	KEMP, BERTA JEAN	Name	LEE, MARTIN
Address	PO BOX 566	Address	444 SW OVERSTREET AVENUE
City-State-Zip:	QUINCY FL 32333	City-State-Zip:	GREENVILLE FL 32331
Title	DIRECTOR	Title	DIRECTOR
Name	TUCKER, LARRY	Name	KEMP, CHAMPEE
Address	196 TOWER ROAD	Address	609 GOLF COURSE DRIVE
City-State-Zip:	PANACEA FL 32346	City-State-Zip:	FT WALTON BEACH FL 32547