# 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

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

## Name and Address of Current Registered Agent:

LUNN, LANE 2804 REMINGTON GREEN CIRCLE TALLAHASSEE, FL 32308 US Certificate of Status Desired: Yes

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.

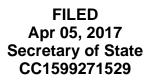
#### SIGNATURE:

Electronic Signature of Registered Agent

#### **Officer/Director Detail :**

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Title	TD	Title	CEO
Name	COULTHURST, BARBARA	Name	LUNN, LANE
Address	172 W. MAIN STREET	Address	983 OLD FARM ROAD
City-State-Zip:	MAYO FL 32066	City-State-Zip:	TALLAHASSEE FL 32317
Title	SD	Title	CD
Name	MAYHANN, DEE	Name	SHEPARD, GRAYSON
Address	325 LAKE GROVE ROAD	Address	P.O. BOX 695
City-State-Zip:	WEWAHITCHKA FL 32465	City-State-Zip:	EASTPOINT FL 32328-0695
Title	D	Title	CFO
Name	PARRISH, ELLA MAE	Name	WIGGINS, VICTORIA R
Address	1886 HOLT ROAD	Address	5472 MARBLE COURT
City-State-Zip:	PERRY FL 32348	City-State-Zip:	MARIANNA FL 32446

Electronic Signature of Signing Officer/Director Detail



Date