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.

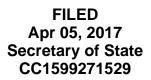
SIGNATURE:

Electronic Signature of Registered Agent

Officer/Director Detail :

| • | | | |
|-----------------|----------------------|-----------------|-------------------------|
| 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