

2024 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:** No**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, DELORES
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 PO 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 KEMP, BERTA JEAN
Address PO BOX 566
City-State-Zip: QUINCY FL 32333

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

02/07/2024

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name HARRIS, BENJAMIN
Address PO BOX 10264
City-State-Zip: TALLAHASSEE FL 32302

Title DIRECTOR
Name JOHNSON, STAN
Address 898 JOE ADAMS ROAD
City-State-Zip: QUINCY FL 32351

Title OFFICER
Name WILLIAMS, FRANK
Address 1704 HILLGATE COURT
City-State-Zip: TALLAHASSEE FL 32308

Title DIRECTOR
Name PALOMO, PERLA
Address 1825 W KING STREET
City-State-Zip: QUINCY FL 32351

Title OFFICER
Name TUCKER, ANN
Address 196 TOWER ROAD
City-State-Zip: PANACEA FL 32346

Title OFFICER
Name HENDERSON, JOHNNY
Address 259 SW CAMP HAMMOCK WAY
City-State-Zip: MADISON FL 32340