

**2016 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:**MONTGOMERY, JOEL O  
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:** JOEL O. MONTGOMERY

01/25/2016

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	V
Name	SMITH, TARRELL J
Address	1216 CONSERVANCY DRIVE, E
City-State-Zip:	TALLAHASSEE FL 32312
Title	CD
Name	SHEPARD, GRAYSON
Address	P.O. BOX 695
City-State-Zip:	EASTPOINT FL 32328-0695

Title	P
Name	MONTGOMERY, JOEL O
Address	1923 VINELAND LANE
City-State-Zip:	TALLAHASSEE FL 32311
Title	SD
Name	MAYHANN, DEE
Address	325 LAKE GROVE ROAD
City-State-Zip:	WEWAHITCHKA FL 32465
Title	D
Name	PARRISH, ELLA MAE
Address	1886 HOLT ROAD
City-State-Zip:	PERRY FL 32348

*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:** TARRELL J. SMITHVICE PRESIDENT AND  
CFO

01/25/2016

Electronic Signature of Signing Officer/Director Detail

Date