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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortnam

Secretary of State

DIVISION OF CORPORATIONS

1996 **DOCUMENT #**

J70535

(6)

NC5/2/96 NORTH OKALOOSA MEDICAL CENTER, INC.

Principal Place of Business

4525 HARDING ROAD

4525 HARDING ROAD



NASHVILLE II	N 37202-1350	P.O BOX 24350 NASHVILLE TN 37202-135	50	3. Date Incorporated or Qualified 05/01/1987	3a. Date of Last Report 04/19/1995		
2. Principal Pla	ce of Business	2a. Mailing Address	V Dlaza	4. FEI Number	Applied F		
1 One	tack transe	26 One Par	k Haza	59-2822332	Not Appl		
Suite Apt. #	, etc.	Suite, Apt. #, etc. 27 ATTN: Ta	x Dept	5. Certificate of Status Desired	\$8.75 Addition		
Only & State	wille TN	City & State 28 NQShu; (TW	Election Campaign Financing Trust Fund Contribution	\$5.00 May B Added to Fee		
Zin	Country	Ζφ	Country	8. This corporation has liability for		2,	
3720			30 05		No		
	9. Name and Address of Current	Hegistered Agent	81 Name	10. Name and Address of New F	negistered Agent		
		(ATEL					
THE PRENTICE-HALL CORPORATION SYSTEM, INC.			82 Street	82 Street Address (P.O. Box Number is Not Acceptable;			
	ys street		83				
SUITE 10							
TALLAHASSEE FL 32301		64 City		FL 85 Zip Code			
SIGNATURE S	Signature: typed on printed name of registered agent a OFFICERS AND		Fedgetened April signature in	equetivi e rerelating ADDITIONS/CHANGES TO OFF	DATE FICERS AND DIRECTORS IN 1		
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	, v Williams, Herbert T.	EX DELETE	1 1 TITLE 12 NAME	Schweinhart, Richan	☐ Change 🔀 Ad 🌡 A,		
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certify that the information indicated on this annual report or supplemental annual report is true and accurate any that my 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 regular as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.