

**2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N16000002745

**FILED**  
**Apr 29, 2021**  
**Secretary of State**  
**8444965482CC**

**Entity Name:** PATIENCE WITH PATIENTS, INC.

**Current Principal Place of Business:**

11924 W. FOREST HILL BLVD  
SUITE 10A-426  
WELLINGTON, FL 33414

**Current Mailing Address:**

9883 PIONEER RD  
ROYAL PALM BEACH, FL 33411 US

**FEI Number:** 81-2279128

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

GRANT, MELANIE  
11924 W. FOREST HILL BLVD  
SUITE 10A-426  
WELLINGTON, FL 33414 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            PRESIDENT, DIRECTOR  
Name            FEARON, BARBARA  
Address        11924 W. FOREST HILL BLVD  
                 SUITE 10A-426  
City-State-Zip: WELLINGTON FL 33414

Title            SECRETARY, DIRECTOR  
Name            EWING, MANISHKA  
Address        11924 W. FOREST HILL BLVD  
                 SUITE 10A-426  
City-State-Zip: WELLINGTON FL 33414

Title            TREASURER, DIRECTOR  
Name            LOBBAN, NORMAN A.  
Address        11924 W. FOREST HILL BLVD  
                 SUITE 10A-426  
City-State-Zip: WELLINGTON FL 33414

Title            VP, DIRECTOR  
Name            DUHANEY, RUTH  
Address        11924 W. FOREST HILL BLVD  
                 SUITE 10A-426  
City-State-Zip: WELLINGTON FL 33414

Title            EXECUTIVE DIRECTOR, DIRECTOR  
Name            GRANT, MELANIE  
Address        9883 PIONEER RD  
City-State-Zip: ROYAL PALM BEACH FL 33411

*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:** MELANIE GRANT

**EXECUTIVE DIRECTOR**

**04/29/2021**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date