

2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N22000010658

Entity Name: PATIENTS NOT PRISONERS, INC**Current Principal Place of Business:**945 REGISTRY BLVD UNIT 209
ST AUGUSTINE, FL 32092**Current Mailing Address:**945 REGISTRY BLVD UNIT 209
ST AUGUSTINE, FL 32092 US**FEI Number:** 92-0359727**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**TALIAFERRO, LISA S
945 REGISTRY BLVD UNIT 209
ST AUGUSTINE, FL 32092 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 PRES
Name TALIAFERRO, LISA
Address 945 REGISTRY BLVD UNIT 209
City-State-Zip: ST AUGUSTINE FL 32092

Title VP
Name STYLES, JAMEILA
Address 3725 ANCHOR BAY DRIVE
City-State-Zip: PFLUGERVILLE TX 78660

Title OFFICER
Name SALISBURY , DAVID
Address 144 ORCHARD LANE
City-State-Zip: ST AUGUSTINE FL 32095

Title OFFICER
Name SMITH, CAROL
Address 16811 DELIA STREET
City-State-Zip: TORRANCE CA 90505

Title OFFICER
Name MCMILLAN, SHIRELLE
Address 2401 W PFLUGERVILLE PKWY UNIT 330
City-State-Zip: ROUND ROCK TX 78665

Title TREASURER
Name GROSSMAN, JOSHUA
Address 77682 COUNTRY CLUB DRIVE SUITE H
City-State-Zip: PALM DESERT CA 92211

Title OFFICER
Name WELLS , JOSEPH
Address 130 ORIE GRIFFIN BLVD
City-State-Zip: PALATKA FL 32177

Title OFFICER
Name STYLES , JOYCE
Address 3725 ANCHOR BAY DRIVE
City-State-Zip: PFLUGERVILLE TX 78660

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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: LISA TALIAFERRO**PRESIDENT****02/02/2024**

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title	DIRECTOR
Name	SHARP , MICHELLE
Address	14068 MAHOGANY AVE
City-State-Zip:	JACKSONVILLE FL 32258