2025 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 17, 2025
Secretary of State
8753831175CC

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: Yes

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

Title	OFFICER
Name	JAMES , RYAN
Address	247 SHETLAND DRIVE
City-State-Zip:	ST JOHNS FL 32259

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

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

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

Title	OFFICER
Name	JAMES , LARHONDA
Address	247 SHETLAND DRIVE
City-State-Zip:	ST JOHNS FL 32259-6614

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: LISA TALIAFERRO PRESIDENT 04/17/2025

Electronic Signature of Signing Officer/Director Detail — Date

Officer/Director Detail Continued :

Title	OFFICER
Name	MARQUIS, RICHARD
Address	321 ST GEORGE STREET
City-State-Zip:	ST AUGUSTINE FL 32084

Title	OFFICER
Name	MARQUIS, KATHLEEN
Address	321 ST GEORGE STREET
City-State-Zip:	ST AUGUSTINE FL 32084