

**2013 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P11000002607

**Entity Name:** THREE POINTS MEDICAL OF NW FLORIDA INC.

**Current Principal Place of Business:**

1575 PAUL RUSSELL RD  
SUITE 3104  
TALLAHASSEE, FL 32301

**Current Mailing Address:**

1575 PAUL RUSSELL RD  
SUITE 3104  
TALLAHASSEE, FL 32301

**FEI Number:** 27-4449442

**Certificate of Status Desired:** No

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

HICKEY, RAYMOND G  
913 GULF BREEZE PKWY  
SUITE 5  
GULF BREEZE, FL 32501 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 P  
Name SLAYTON, ROBERT A  
Address 1575 PAUL RUSSELL RD SUITE 3104  
City-State-Zip: TALLAHASSEE FL 32301

*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 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** SLAYTON , ROBERT A

**PRESIDENT**

**03/25/2013**

Electronic Signature of Signing Officer/Director Detail

Date