

2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P11000002607

Entity Name: THREE POINTS MEDICAL OF NW FLORIDA INC.

Current Principal Place of Business:

1248 CONSERVANCY DR. EAST
TALLAHASSEE, FL 32312

Current Mailing Address:

1248 CONSERVANCY DR. EAST
TALLAHASSEE, FL 32312 US

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 1248 CONSERVANCY DR. EAST
City-State-Zip: TALLAHASSE FL 32312

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: ROBERT SLAYTON

OFFICER

04/30/2014

Electronic Signature of Signing Officer/Director Detail

Date