

**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jun 17, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # J06917**  
 1. Entity Name  
**PATIENCE CORNER NURSE-MIDWIFERY CENTER, INC.**



Principal Place of Business 717 SW 4 AVENUE GAINESVILLE, FL 32601	Mailing Address 717 SW 4 AVENUE GAINESVILLE, FL 32601
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**DO NOT WRITE IN THIS SPACE**



06142004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-2679216	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  
 HILLEBRAND, LOUANN  
 717 SW 4 AVENUE  
 GAINESVILLE, FL 32601

**DO NOT WRITE IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: *Louann Hillebrand* DATE: 6-14-04  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**Due by September 8, 2004**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P NORRIS, MARIE A. RT 3 BOX 465 ALACHUA, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	ST HILLEBRAND, LOUANN 16 OLD OAKS RD. ARCHER, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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 06/17/04-80002-018 150.00

**DO NOT WRITE IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Louann Hillebrand* DATE: 6-14-04 (352) 378-2882  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #