

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 29, 2004 8:00 am
Secretary of State

03-29-2004 90067 014 ***150.00

DOCUMENT # M79688

1. Entity Name
PATIENTS' FIRST PARKWAY, INC.



Principal Place of Business
**1160 APALACHEE PARKWAY
TALLAHASSEE, FL 32301**

Mailing Address
**3258 N MONROE ST
TALLAHASSEE, FL 32303 US**

94038287



02242004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2888983

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**WEBB, BRIAN S.
2487 ELFINWING LANE
TALLAHASSEE, FL 32303**

**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 _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	DT
NAME	REESE, RANDY R.
STREET ADDRESS	3729 GALWAY DRIVE
CITY-ST-ZIP	TALLAHASSEE, FL
TITLE	DVP
NAME	SPRING, ROYCE R., II
STREET ADDRESS	1875 CHARDONNAY PLACE
CITY-ST-ZIP	TALLAHASSEE, FL
TITLE	D
NAME	WILLIAMS, BARBARA W.
STREET ADDRESS	614 SHORT STREET
CITY-ST-ZIP	TALLAHASSEE, FL
TITLE	D
NAME	PLACILLA, WILLIAM J.
STREET ADDRESS	2582 CANVASBACK CT
CITY-ST-ZIP	TALLAHASSEE, FL 32312
TITLE	DP
NAME	WEBB, BRIAN S.
STREET ADDRESS	2487 ELFINWING LANE
CITY-ST-ZIP	TALLAHASSEE, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**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:

Royce R. Spring II
ROYCE R SPRING II

2/24/04

Date

850-562-2010

Daytime Phone #