2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# M79688

Address: City-St-Zip:

TALLAHASSEE, FL

Entity Name: PATIENTS' FIRST PARKWAY, INC.

FILED Mar 24, 2003 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 1160 APALACHEE PARKWAY TALLAHASSEE, FL 32301 **Current Mailing Address: New Mailing Address:** 3258 N MONROE ST TALLAHASSEE, FL 32303 US FEI Number: 59-2888983 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: WEBB, BRIAN S 2487 ELFINWING LANE TALLAHASSEE, FL 32303 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 Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete Title: () Change () Addition REESE, RANDY R., Name: Name: 3729 GALWAY DRIVE Address: Address: City-St-Zip: TALLAHASSEE, FL City-St-Zip: Title: DVP Title: () Delete () Change () Addition Name: SPRING, ROYCE R., II, Name: 1875 CHARDONNAY PLACE Address: Address: TALLAHASSEE, FL City-St-Zip: City-St-Zip: Title: Title: () Delete () Change () Addition WILLIAMS, BARBARA W., Name: Name: 614 SHORT STREET Address: Address: City-St-Zip: TALLAHASSEE, FL City-St-Zip: Title: () Delete Title: () Change () Addition PLACILLA, WILLIAM J., Name: Name: Address: 2582 CANVASBACK CT Address: City-St-Zip: TALLAHASSEE, FL 32312 City-St-Zip: Title: Title: () Delete () Change () Addition WEBB, BRIAN S., Name: Name: 2487 ELFINWING LANE Address:

I hereby certify that the information supplied with this filing does not qualify for the 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 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 an address, with all other like empowered.

City-St-Zip:

SIGNATURE: ROYCE R SPRING II DVP 03/24/2003