

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 29, 1999 8:00 am
Secretary of State

04-29-1999 90045 021 ***150.00

DOCUMENT # M79689

1. Corporation Name

PATIENTS' FIRST PARKWAY MEDICAL CENTER, P.A.

Principal Place of Business

**1160 APALACHEE PARKWAY
TALLAHASSEE FL 32301**

Mailing Address

**3258 N MONROE ST
TALLAHASSEE FL 32303
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/06/1988

4. FEI Number

59-2889013

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

28 City & State

24 Zip **25** Country

29 Zip **30** Country

9. Name and Address of Current Registered Agent

**WEBB, BRIAN S.
2487 ELFINWING LANE
TALLAHASSEE FL 32308**

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

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

(NOT: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **DP** ☐ DELETE
NAME **PLACILLA, WILLIAM J.**
STREET ADDRESS **2582 CANVASBACK CT.**
CITY-ST-ZIP **TALLAHASSEE FL**

TITLE **DVP** ☐ DELETE
NAME **WILLIAMS, BARBARA W.**
STREET ADDRESS **614 SHORT STREET**
CITY-ST-ZIP **TALLAHASSEE FL**

TITLE **DS** ☒ DELETE
NAME **NESS, JOHN LAWRENCE**
STREET ADDRESS **888 DERBYSHIRE ROAD**
CITY-ST-ZIP **TALLAHASSEE FL**

TITLE **DT** ☐ DELETE
NAME **REESE, RANDY R.**
STREET ADDRESS **3729 GALWAY DRIVE**
CITY-ST-ZIP **TALLAHASSEE FL**

TITLE **D** ☐ DELETE
NAME **HELLGREN, TRACEY**
STREET ADDRESS **2609 VASSAR ROAD**
CITY-ST-ZIP **TALLAHASSEE FL 32308**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

11 TITLE

12 NAME

13 STREET ADDRESS

14 CITY-ST-ZIP

21 TITLE

22 NAME

23 STREET ADDRESS

24 CITY-ST-ZIP

31 TITLE

32 NAME

33 STREET ADDRESS

34 CITY-ST-ZIP

41 TITLE

42 NAME

43 STREET ADDRESS

44 CITY-ST-ZIP

51 TITLE

52 NAME

53 STREET ADDRESS

54 CITY-ST-ZIP

61 TITLE

62 NAME

63 STREET ADDRESS

64 CITY-ST-ZIP

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Royce Piker Springs*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/15/99
Date

850-562-2010
Daytime Phone #

CR2E034 (11/98)