

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

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

03-29-2004 90067 015 ***150.00

DOCUMENT # M79689

1. Entity 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**

04000600



02242004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2889013

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 32308**

**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 NAME STREET ADDRESS CITY - ST - ZIP	DP PLACILLA, WILLIAM J. 2582 CANVASBACK CT. TALLAHASSEE, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DVP WILLIAMS, BARBARA W. 614 SHORT STREET TALLAHASSEE, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DT REESE, RANDY R. 3729 GALWAY DRIVE TALLAHASSEE, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D HELLGREN, TRACEY 2609 VASSAR ROAD TALLAHASSEE, FL 32308
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

March 2, 04

Date

668-3380

Daytime Phone #