2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 12, 2007
Secretary of State

DOCUMENT# M79689

Entity Name: PATIENTS' FIRST PARKWAY MEDICAL CENTER, P.A.

Current Principal Place of Business:

1160 APALACHEE PARKWAY
TALLAHASSEE, FL 32301

New Principal Place of Business:

Current Mailing Address:

3258 N MONROE ST
TALLAHASSEE, FL 32303 US

New Mailing Address:

FEI Number: 59-2889013 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

WEBB, BRIAN S CEO
2487 ELFINWING LANE
TALLAHASSEE, FL 32308 US

Name and Address of New Registered Agent:

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:

Title: P ( ) Delete
Name: PLACILLA, WILLIAM J.,
Address: 1237 STONEHURST WAY
City-St-Zip: TALLAHASSEE, FL 32312

Title: VP ( ) Delete
Name: WILLIAMS, BARBARA W.,
Address: 2191 MILLER'S LANDING ROAD
City-St-Zip: TALLAHASSEE, FL 32312

Title: T ( ) Delete
Name: REESE, RANDY R.,
Address: 4850 BRADFORDVILLE ROAD
City-St-Zip: TALLAHASSEE, FL 32308

Title: S ( ) Delete
Name: HELLGREN, TRACEY
Address: 2609 VASSAR ROAD
City-St-Zip: TALLAHASSEE, FL 32308

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, 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.

SIGNATURE: RANDY R REESE MD T 04/12/2007

Electronic Signature of Signing Officer or Director Date