2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# M84340

FILED Mar 24, 2003 Secretary of State

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

Current Principal Place of Business:				New Principal Place of Business:		
C/O JOHN LAWRENCE NESS 3258 NORTH MONROE ST. TALLAHASSEE, FL 32303				3258 NORTH MONROE STREET TALLAHASSEE, FL 32303		
Current Mailing Address:				New Mailing Address:		
C/O JOHN LAWRENCE NESS 3258 NORTH MONROE ST. TALLAHASSEE, FL 32303				3258 NORTH MONROE STREET TALLAHASSEE, FL 32303		
FEI Number:	59-2888994	FEI Number Applied For ()	FEI Nun	nber Not Applicable ()	Certificate of Status Desired ()	
Name and	Address of Cu	ırrent Registered Agent:		Name and Address	of New Registered Agent:	
TALLAHAS	IWING LANE ISEE, FL 3230 named entity su		urpose o	f changing its register	ed office or registered agent, or both,	
SIGNATUR	?E:					
		Signature of Registered Age	ent		Date	
Election Campaign Financing Trust Fund Contribution(). OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	DP () I REESE, RANDY 3729 GALWAY I TALLAHASSEE,	PRÍVE		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	DST () I HICKS, THOMAS 2302 ELLICOTT TALLAHASSEE,	DR		Title: Name: Address: City-St-Zip:	() Change () Addition	

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.

SIGNATURE: RANDY R REESE DP 03/24/2003