

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# M84346

FILED
Mar 24, 2009
Secretary of State

Entity Name: PATIENTS' FIRST NORTH, INC.

Current Principal Place of Business:

3258 NORTH MONROE ST
TALLAHASSEE, FL 32303

New Principal Place of Business:

Current Mailing Address:

3258 NORTH MONROE ST
TALLAHASSEE, FL 32303

New Mailing Address:

FEI Number: 59-2888991

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WEBB, BRIAN S.
2487 ELFINGWING 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: S () Delete
Name: REESE, RANDY R.,
Address: 4850 BRADFORDVILLE ROAD
City-St-Zip: TALLAHASSEE, FL 32308

Title: VP () Delete
Name: SPRING, ROYCE R., II,
Address: 1875 CHARDONNAY PLACE
City-St-Zip: TALLAHASSEE, FL 32317 79

Title: P () Delete
Name: WEBB, BRIAN S.,
Address: 2487 ELFINGWING LANE
City-St-Zip: TALLAHASSEE, FL 32308

Title: T () Delete
Name: HICKS, THOMAS L.,
Address: 2302 ELLICOTT DRIVE
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 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: ROYCE R SPRING II

VP

03/24/2009

Electronic Signature of Signing Officer or Director

Date