2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 16, 2005 8:00 am
Secretary of State
04-15-2005 90110 020 ***150.00

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1. Entity Name
PATIENT CENTERED HEALTH NETWORK, INC.

Principal Place of Business	Mailing Address
240 SOUTHPARK CIRCLE EAST ST AUGUSTINE, FL 32086	240 SOUTHPARK CIRCLE EAST ST AUGUSTINE, FL 32086

bbU1/JU9

03082005 Chg-NP CR2E037 (10/03)

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / County	Zip / Country

4. FEI Number 20-0752722 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
MARATHE, S.S. MD 240 SOUTHPARK CIRCLE EAST ST AUGUSTINE, FL 32086	Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2005

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D GORDY, JOSEPH 400 HEALTHPARK BLVD. FLAGLER HOSPITAL ST AUGUSTINE, FL 32086	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D/T Gordy, Joseph 400 Healthpark Blvd., Flagler Hospital St. Augustine, FL 32086	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BROWN, CATHY 180 MARINE STREET ST AUGUSTINE, FL 32084	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D/VP Carter, Reubin B. 531 Ashland Street Hastings, FL 32145	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D RICE, DAVID DR. 27 SEVILLA STREET ST AUGUSTINE, FL 32084	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D/P/C Klipstine, Edwin 5055 Clymer Road Elkton, FL 32033	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D/S Regan, John R. 306 N. Main Street Hastings, FL 32145	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	M Marathe, S.S. M.D. 240 Southpark Circle East St. Augustine, FL 32086	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	See attached list of additional officers and directors	☐ Change ☒ Addition

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 617, 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: S.S. Marathe, M.D., CEO 4-7-05 (904)824-8158
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

ATTACHMENT
#N04000001807 / 66017309

PATIENT CENTERED HEALTH NETWORK, INC.
ADDITIONAL OFFICERS AND DIRECTORS

Name	Title	Address
Edith Harris	D	316 Daniel Street Hastings, FL 32145
Craig A. Maguire	D	301 N. Main Street Hastings, FL 32145
Terry W. Pacetti	D	36 Colony Street St. Augustine, FL 32084
John McCormack	D	121 Mays Cove E. Palatka, FL 32131-4358
Joseph P. Parker	D	2615 CR 13A Elkton, FL 32033