

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000008167

FILED
Jan 04, 2006
Secretary of State

Entity Name: FLORIDA PATIENT SAFETY CORPORATION

Current Principal Place of Business:

2722 WATERFORD GLEN COURT
TALLAHASSEE, FL 32312 US

New Principal Place of Business:

Current Mailing Address:

2722 WATERFORD GLEN COURT
TALLAHASSEE, FL 32312 US

New Mailing Address:

FEI Number: 32-0137328

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MOORE-WYCHULIS, SUSAN A CEO
2722 WATERFORD GLEN COURT
TALLAHASSEE, FL 32312 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

OFFICERS AND DIRECTORS:

Title: C () Delete
Name: ROZEK, THOMAS M D
Address: 3100 SW 62ND AVE
City-St-Zip: MIAMI, FL 33155 US

Title: T () Delete
Name: SILVAGNI, ANTHONY J D
Address: 3200 SOUTH UNIVERSITY DR., ROOM 1407
City-St-Zip: FT. LAUDERDALE, FL 33328 US

Title: VC () Delete
Name: LIPSCOMB, BENTLEY D
Address: 400 CARILLON PKWY, SUITE 100
City-St-Zip: ST. PETERSBURG, FL 33716 US

Title: S () Delete
Name: DAVIS, GLEN F D
Address: 4106 WEST LAKE MARY BLVD, SUITE 301
City-St-Zip: LAKE MARY, FL 32746 US

Title: D () Delete
Name: CHERNEY, BECKY J D
Address: 4401 VINELAND RD, SUITE A-10
City-St-Zip: ORLANDO, FL 32811 US

Title: D () Delete
Name: DAVIES, MATTHEW M D
Address: 495 N. KELLER RD., SUITE 200
City-St-Zip: MAITLAND, FL 32751 US

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: D (X) Change () Addition
Name: REDMOND, MICHAEL
Address: 8333 N. DAVIS DRIVE
City-St-Zip: PENSACOLA, FL 32514 US

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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: THOMAS M. ROZEK

C

01/04/2006

Electronic Signature of Signing Officer or Director

Date