

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N12091

1. Entity Name
PRIME MERIDIAN HEALTH VENTURES, INC.



Principal Place of Business
1300 MICCOSUKEE ROAD
TALLAHASSEE, FL 32308 US

Mailing Address
1300 MICCOSUKEE ROAD
TALLAHASSEE, FL 32308 US

2. Principal Place of Business
1401 Centerville Rd.

3. Mailing Address
1401 Centerville Rd.

Suite, Apt. #, etc.
Box 210

Suite, Apt. #, etc.
Box 210

City & State
Tallahassee, FL

City & State
Tallahassee, FL

Zip
32308

Country
US

Zip
32308

Country
US

04252005 Chg-NP CR2E037 (10/03)

4. FEI Number
59-2668613

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

JUDY DAVIS, RISK MANAGER
1300 MICCOSUKEE ROAD
TALLAHASSEE, FL 32308

7. Name and Address of New Registered Agent

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

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

TITLE PD
NAME O'BRYANT, MARK
STREET ADDRESS 1300 MICCOSUKEE RD
CITY-ST-ZIP TALLAHASSEE, FL 32308 ☐ Delete

TITLE D
NAME GIUDICE, WILLIAM A
STREET ADDRESS 1300 MICCOSUKEE RD
CITY-ST-ZIP TALLAHASSEE, FL ☐ Delete

TITLE D
NAME NOBLIN, MILLARD J
STREET ADDRESS 1300 MICCOSUKEE ROAD
CITY-ST-ZIP TALLAHASSEE, FL 32308 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition
400054669214
05/17/05--01032--018 **61.25

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ 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:

William A. Giudice

4-25-05

850-431-5238

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #