

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 29, 2004 8:00 am
Secretary of State

03-29-2004 90067 006 ***150.00

DOCUMENT # P00000021053

1. Entity Name

PATIENTS FIRST LAKE ELLA, INC.



Principal Place of Business

3258 N. MONROE ST.
TALLAHASSEE, FL 32303

Mailing Address

3258 N. MONROE ST.
TALLAHASSEE, FL 32303

94038235



02242004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0980368

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

WEBB, BRIAN S
3258 N. MONROE ST.
TALLAHASSEE, FL 32303

**DO NOT WRITE
IN THIS SPACE**

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

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	WEBB, BRIAN S
STREET ADDRESS	2487 ELFINWING LN.
CITY-ST-ZIP	TALLAHASSEE, FL 32308
TITLE	T
NAME	REESE, RANY R M.D.
STREET ADDRESS	4850 BRADFORDVILLE RD.
CITY-ST-ZIP	TALLAHASSEE, FL 32308
TITLE	VP
NAME	MORGAN, R. SUZANNE MD
STREET ADDRESS	1060 LIVE OAK PLANTATIONRD.
CITY-ST-ZIP	TALLAHASSEE, FL 32312
TITLE	S
NAME	HICKS, THOMAS L MD
STREET ADDRESS	3202 ELLICOTT DR.
CITY-ST-ZIP	TALLAHASSEE, FL 32312
TITLE	VP
NAME	SPRING, ROYCE R II
STREET ADDRESS	1875 CHARDONNAY PL.
CITY-ST-ZIP	TALLAHASSEE, FL 32311
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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 607, 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:

Royce R. Spring
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/24/04

Date

850-522-2010

Daytime Phone #