# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Apr 12, 2007**
**Secretary of State**

DOCUMENT# P00000021055

**Entity Name:** PATIENTS FIRST LAKE ELLA MEDICAL CENTER, P.A.

**Current Principal Place of Business:**

1690 N. MONROE ST.
TALLAHASSEE, FL 32303

**New Principal Place of Business:**

**Current Mailing Address:**

3258 N. MONROE ST.
TALLAHASSEE, FL 32303

**New Mailing Address:**

**FEI Number: 59-3636166** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

REESE, RANDY R M.D.
3258 N. MONROE ST.
TALLAHASSEE, FL 32303 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: P ( ) Delete
Name: REESE, RANDY R MD
Address: 4850 BRADFORDVILLE RD.
City-St-Zip: TALLAHASSEE, FL 32308

Title: VP ( ) Delete
Name: MORGAN, R. SUZANNE MD
Address: 1060 LIVE OAK PLANTATION RD.
City-St-Zip: TALLAHASSEE, FL 32312

Title: T ( ) Delete
Name: HICKS, THOMAS L MD
Address: 3202 ELLICOTT DR.
City-St-Zip: TALLAHASSEE, FL 32312

**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:

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

SIGNATURE: RANDY R REESE MD P 04/12/2007

Electronic Signature of Signing Officer or Director — Date