

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000021055

FILED  
Mar 25, 2010  
Secretary of State

**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  
**Name:** REESE, RANDY R MD  
**Address:** 4850 BRADFORDVILLE RD.  
**City-St-Zip:** TALLAHASSEE, FL 32308

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

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

I hereby 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 all other like empowered.

**SIGNATURE:** RANDY R REESE MD

P

03/25/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date