2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000145252

Entity Name: PATIENTS FIRST RAYMOND DIEHL, INC.

FILED Mar 11, 2005 Secretary of State

Current Pi	rincipal Place	of Business:	New Princ	New Principal Place of Business:			
	NROE STREE SSEE, FL 3230			3401 CAPITAL CIRCLE NE TALLAHASSEE, FL 32308			
Current M	ailing Addres:	s:	New Maili	New Mailing Address:			
	NROE STREE SSEE, FL 3230						
FEI Number:	20-1756431	FEI Number Applied For ()	FEI Number Not Appl	mber Not Applicable () Certificate of Status Desired ()			
Name and	Address of C	urrent Registered Agent:	Name and	Name and Address of New Registered Agent:			
	IAN S NWING LANE SSEE, FL 3230	9 US					
	named entity s of Florida.	ubmits this statement for the pur	pose of changing it	ts registered offic	e or registered agen	t, or both,	
SIGNATUF	RE:						
	Electroni	ic Signature of Registered Agent	·	Date			
Election Can		Trust Fund Contribution ().					
OFFICERS AND DIRECTORS:			ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Title: Name: Address: City-St-Zip:	P () WEBB, BRIAN S 2487 ELFINWIN TALLAHASSEE,	IG LANE	Title: Name: Address: City-St-Zip:	() Ch	ange () Addition		
Title: Name: Address: City-St-Zip:	V () SRING, ROYCE 1875 CHARDON TALLAHASSEE,	INAY PLACE	Title: Name: Address: City-St-Zip:	V (X) Ch SPRING, ROYCE F 1875 CHARDONNA TALLAHASSEE, FL	Y PLACE		
Title: Name: Address: City-St-Zip:	S () HICKS, THOMAS 2302 ELLICOTT TALLAHASSEE,	DR	Title: Name: Address: City-St-Zip:	() Ch	ange () Addition		
Title: Name: Address: City-St-Zip:	T () REESE, RANDY 4850 BRADFOR TALLAHASSEE,	DVILLE RD	Title: Name: Address: City-St-Zip:	() Ch	ange () Addition		

I hereby certify that the information supplied with this filing does not qualify for the 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 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: ROYCE R SPRING II CFO 03/11/2005