

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000073967

FILED
Mar 24, 2009
Secretary of State

Entity Name: PATIENTS FIRST MAHAN MEDICAL CENTER, P.A.

Current Principal Place of Business:

3258 N MONROE STREET
TALLHASSEE, FL 32303

New Principal Place of Business:

Current Mailing Address:

3258 N MONROE STREET
TALLHASSEE, FL 32303

New Mailing Address:

FEI Number: 20-8697375

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WEBB, BRIAN S
2487 ELFINWING LANE
TALLAHASSEE, FL 32308 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: 3258 N MONROE STREET
City-St-Zip: TALLHASSEE, FL 32303

Title: V () Delete
Name: PLACILLA, WILLIAM J MD
Address: 1237 STONEHURST WAY
City-St-Zip: TALLAHASSEE, FL 32312

Title: T () Delete
Name: HELLGREN, TRACEY E MD
Address: 1160 APALACHEE PKWY
City-St-Zip: TALLAHASSEE, FL 32301

Title: S () Delete
Name: WILLIAMS, BARBARA W MD
Address: 2191 MILLER LANDING RD
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:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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

03/24/2009

Electronic Signature of Signing Officer or Director

Date