

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P11000002607

**FILED**  
**Feb 21, 2012**  
**Secretary of State**

**Entity Name:** THREE POINTS MEDICAL OF NW FLORIDA INC.

**Current Principal Place of Business:**

1575 PAUL RUSSELL RD  
SUITE 3104  
TALLAHASSEE, FL 32301

**New Principal Place of Business:**

**Current Mailing Address:**

1575 PAUL RUSSELL RD  
SUITE 3104  
TALLAHASSEE, FL 32301

**New Mailing Address:**

**FEI Number:** 27-4449442      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

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

HICKEY, RAYMOND  
913 GULF BREEZE PKWY  
SUITE 5  
GULF BREEZE, FL 32501 US

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

HICKEY, RAYMOND G  
913 GULF BREEZE PKWY  
SUITE 5  
GULF BREEZE, FL 32501 US

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: RAYMOND G HICKEY

Electronic Signature of Registered Agent

02/21/2012

Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: SLAYTON, ROBERT A  
Address: 1575 PAUL RUSSELL RD SUITE 3104  
City-St-Zip: TALLHASSE, FL 32301

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: ROBERT A SLAYTON

Electronic Signature of Signing Officer or Director

P

02/21/2012

Date