2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000067748

Entity Name: PATIENTS FIRST APPLEYARD, INC.

FILED Mar 25, 2010 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

505 APPLEYARD DR

TALLAHASSEE, FL 32304 US

Current Mailing Address: New Mailing Address:

3258 N MONROE ST

TALLAHASSEE, FL 32303 US

FEI Number: 59-3398412 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

WEBB, BRIAN S WEBB, BRIAN S

2907 KERRY FOREST PARKWAY
TALLAHASSEE, FL 32308 US
2907 KERRY FOREST PARKWAY
TALLAHASSEE, FL 32309 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: 03/25/2010

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title:

Name: WEBB, BRIAN S
Address: 2487 ELFINWING LANE
City-St-Zip: TALLAHASSEE, FL 32308

Title: S

 Name:
 HICKS, THOMAS L M.D.

 Address:
 2302 ELLICOTT DRIVE

 City-St-Zip:
 TALLAHASSEE, FL 32308

Title: VP

 Name:
 SPRING, ROYCE R II

 Address:
 1875 CHARDONNAY PLACE

 City-St-Zip:
 TALLAHASSEE, FL 32317

Title:

Name: MORGAN, R. SUZANNE M.D. Address: 1060 LIVE OAK PLANTATION ROAD

City-St-Zip: TALLAHASSEE, FL 32312

Title: D

 Name:
 REESE, RANDY R MD

 Address:
 4850 BRADFORDVILLE RD

 City-St-Zip:
 TALLAHASSEE, FL 32308

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: ROYCE R SPRING II VP 03/25/2010