

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 29, 2004 8:00 am
Secretary of State

03-29-2004 90067 009 ***150.00

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1. Entity Name
PATIENTS FIRST APPELYARD MEDICAL CENTER, P.A.



Principal Place of Business
**505 APPELYARD DR
TALLAHASSEE, FL 32304 US**

Mailing Address
**3258 N MONROE ST
TALLAHASSEE, FL 32303 US**

34038292



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

02242004 Chg-P CR2E034 (10/03)

City & State

City & State

4. FEI Number
59-3447648

Applied For
Not Applicable

Zip Country

Zip Country

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**WEBB, BRIAN S
2907 KERRY FOREST PARKWAY
TALLAHASSEE, FL 32308**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '11

TITLE PD
NAME MORGAN, R. SUZANNE M.D.
STREET ADDRESS 2907 KERRY FOREST PARKWAY
CITY-ST-ZIP TALLAHASSEE, FL 32304 ☐ Delete

TITLE TD
NAME REESE, RANDY R. MD
STREET ADDRESS 2907 KERRY FOREST PARKWAY
CITY-ST-ZIP TALLAHASSEE, FL 32309 ☐ Change ☒ Addition

TITLE SD
NAME HICKS, THOMAS L M.D.
STREET ADDRESS 2907 KERRY FOREST PARKWAY
CITY-ST-ZIP TALLAHASSEE, FL 32304 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE TD
NAME PLACILLA, WILLIAM J M.D.
STREET ADDRESS 2907 KERRY FOREST PARKWAY
CITY-ST-ZIP TALLAHASSEE, FL 32304 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Delete

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STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/25/04