

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Apr 02 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P96000073589 (9)

1. Corporation Name

PATIENTS FIRST EAST MEDICAL CENTER, P.A.

Principal Place of Business

2907 KERRY FOREST PARKWAY
TALLAHASSEE FL 32308

Mailing Address

2907 KERRY FOREST PARKWAY
TALLAHASSEE FL 32308

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/05/1996

4. FEI Number

59-3402251

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

30 Country

9. Name and Address of Current Registered Agent

WEBB, BRIAN S
2907 KERRY FOREST PARKWAY
TALLAHASSEE FL 32308

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

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

(NOTE - Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	MATHEWS, RICHARD W M.D.	
STREET ADDRESS	2907 KERRY FOREST PARKWAY	
CITY - ST - ZIP	TALLAHASSEE FL 32308	

TITLE	SD	<input type="checkbox"/> DELETE
NAME	JANNEY, ASHLEY LANE M.D.	
STREET ADDRESS	2907 KERRY FOREST PARKWAY	
CITY - ST - ZIP	TALLAHASSEE FL 32308	

TITLE	T	<input type="checkbox"/> DELETE
NAME	PERKINS, DAVID BRETT M.D.	
STREET ADDRESS	2907 KERRY FOREST PARKWAY	
CITY - ST - ZIP	TALLAHASSEE FL 32308	

TITLE	D	<input type="checkbox"/> DELETE
NAME	JICKS, THOMAS S M.D.	
STREET ADDRESS	2907 KERRY FOREST PARKWAY	
CITY - ST - ZIP	TALLAHASSEE FL 32308	

TITLE	D	<input type="checkbox"/> DELETE
NAME	MORGAN, R. SUZANNE M.D.	
STREET ADDRESS	2907 KERRY FOREST PARKWAY	
CITY - ST - ZIP	TALLAHASSEE FL 32308	

TITLE	D	<input type="checkbox"/> DELETE
NAME	PERKINS, DANIEL BRETT M.D.	
STREET ADDRESS	2907 KERRY FOREST PARKWAY	
CITY - ST - ZIP	TALLAHASSEE FL 32308	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	

2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	

3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	

4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	

5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	

6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE

ROYCE R. SPRINGS

3/18/98

850-562-2010

CR2E034 (10/97)