

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 29, 1999 8:00 am
Secretary of State

04-29-1999 90045 013 ***150.00

DOCUMENT # P96000073589

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

☐

Trust Fund Contribution

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax.

☐

Yes

☐

No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

WEBB, BRIAN S
2907 KERRY FOREST PARKWAY
TALLAHASSEE FL 32303

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD ☒ DELETE

NAME ~~MATHEWS, RICHARD W M.D.~~
STREET ADDRESS ~~2907 KERRY FOREST PARKWAY~~
CITY-ST-ZIP ~~TALLAHASSEE FL 32308~~

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

TITLE SD ☐ DELETE

NAME JANNEY, ASHLEY LANE M.D.
STREET ADDRESS 2907 KERRY FOREST PARKWAY
CITY-ST-ZIP TALLAHASSEE FL 32308

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

TITLE T ☐ DELETE

NAME PERKINS, DAVID BRETT M.D.
STREET ADDRESS 2907 KERRY FOREST PARKWAY
CITY-ST-ZIP TALLAHASSEE FL 32308

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

TITLE D ☐ DELETE

NAME JICKS, THOMAS S M.D.
STREET ADDRESS 2907 KERRY FOREST PARKWAY
CITY-ST-ZIP TALLAHASSEE FL 32308

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

TITLE D ☐ DELETE

NAME MORGAN, R. SUZANNE M.D.
STREET ADDRESS 2907 KERRY FOREST PARKWAY
CITY-ST-ZIP TALLAHASSEE FL 32308

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

TITLE D ☐ DELETE

NAME PERKINS, DANIEL BRETT M.D.
STREET ADDRESS 2907 KERRY FOREST PARKWAY
CITY-ST-ZIP TALLAHASSEE FL 32308

6.1 TITLE ☐ Change ☐ 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 119.073(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, with a letter like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/15/99

Date

850-562-2010

Daytime Phone #

CR2E034 (1/98)