

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000073589

1. Entity Name

PATIENTS FIRST EAST MEDICAL CENTER, P.A.

FILED

Mar 07, 2000 8:00 am
Secretary of State

03-07-2000 90066 001 ***150.00

Principal Place of Business
2907 KERRY FOREST PARKWAY
TALLAHASSEE FL 32308

Mailing Address
2907 KERRY FOREST PARKWAY
TALLAHASSEE FL 32308-6825

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip Country

Zip Country



DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3402251

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

WEBB, BRIAN S
2907 KERRY FOREST PARKWAY
TALLAHASSEE FL 32308

7. Name and Address of New Registered Agent

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.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
SD	JANNEY, ASHLEY LANE M.D.	2907 KERRY FOREST PARKWAY	TALLAHASSEE FL 32308	<input type="checkbox"/>
T	PERKINS, DAVID BRETT M.D.	2907 KERRY FOREST PARKWAY	TALLAHASSEE FL 32308	<input type="checkbox"/>
D	JICKS, THOMAS S M.D.	2907 KERRY FOREST PARKWAY	TALLAHASSEE FL 32308	<input type="checkbox"/>
D	MORGAN, R. SUZANNE M.D.	2907 KERRY FOREST PARKWAY	TALLAHASSEE FL 32308	<input type="checkbox"/>
D	PERKINS, DANIEL BRETT M.D.	2907 KERRY FOREST PARKWAY	TALLAHASSEE FL 32308	<input type="checkbox"/>
				<input type="checkbox"/>

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Royce Riken DATE: 2/2/00 850-562-2010
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/99)