

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

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

03-29-2004 90067 003 ***150.00

DOCUMENT # P96000073589

1. Entity 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



02242004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-3402251	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

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

**DO NOT WRITE
IN THIS SPACE**

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 _____ (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

TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD JANNEY, ASHLEY LANE M.D. 2907 KERRY FOREST PARKWAY TALLAHASSEE, FL 32308
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP HICKS, THOMAS S M.D. 2907 KERRY FOREST PARKWAY TALLAHASSEE, FL 32308
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DVP MORGAN, R. SUZANNE M.D. 2907 KERRY FOREST PARKWAY TALLAHASSEE, FL 32308
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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IN THIS SPACE**

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

3/4/04 **850-522-2010**
Date Daytime Phone #