

# 2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P96000073589

FILED  
Mar 24, 2003  
Secretary of State

**Entity Name:** PATIENTS FIRST EAST MEDICAL CENTER, P.A.

**Current Principal Place of Business:**

2907 KERRY FOREST PARKWAY  
TALLAHASSEE, FL 32308

**New Principal Place of Business:**

**Current Mailing Address:**

2907 KERRY FOREST PARKWAY  
TALLAHASSEE, FL 32308

**New Mailing Address:**

**FEI Number:** 59-3402251

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**Election Campaign Financing Trust Fund Contribution ( )**

**OFFICERS AND DIRECTORS:**

Title: SD ( ) Delete  
Name: JANNEY, ASHLEY LANE M.D.  
Address: 2907 KERRY FOREST PARKWAY  
City-St-Zip: TALLAHASSEE, FL 32308

Title: D ( ) Delete  
Name: HICKS, THOMAS S M.D.  
Address: 2907 KERRY FOREST PARKWAY  
City-St-Zip: TALLAHASSEE, FL 32308

Title: D ( ) Delete  
Name: MORGAN, R. SUZANNE M.D.  
Address: 2907 KERRY FOREST PARKWAY  
City-St-Zip: TALLAHASSEE, FL 32308

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: DP (X) Change ( ) Addition  
Name: HICKS, THOMAS S M.D.  
Address: 2907 KERRY FOREST PARKWAY  
City-St-Zip: TALLAHASSEE, FL 32308

Title: DVP (X) Change ( ) Addition  
Name: MORGAN, R. SUZANNE M.D.  
Address: 2907 KERRY FOREST PARKWAY  
City-St-Zip: TALLAHASSEE, FL 32308

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: THOMAS L HICKS MD

DP

03/24/2003

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date