

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P98000038327

**FILED**  
**Apr 12, 2012**  
**Secretary of State**

**Entity Name:** PATIENTS FIRST MANAGEMENT, INC.

**Current Principal Place of Business:**

3258 N MONROE ST  
TALLAHASSEE, FL 32303

**New Principal Place of Business:**

**Current Mailing Address:**

3258 N MONROE ST  
TALLAHASSEE, FL 32303

**New Mailing Address:**

**FEI Number:** 59-3439874

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

WEBB, BRIAN S  
2487 ELFINWING LANE  
TALLAHASSEE, FL 32309 US

**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

**OFFICERS AND DIRECTORS:**

Title: VP  
Name: SPRING, ROYCE R II  
Address: 1875 CHARDONNAY PL  
City-St-Zip: TALLAHASSEE, FL 32317

Title: P  
Name: WEBB, BRIAN S  
Address: 2487 ELFINWING LANE  
City-St-Zip: TALLAHASSEE, FL 32308

I hereby 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 all other like empowered.

SIGNATURE: ROYCE R SPRING II

VP

04/12/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date