2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P98000038327

Address:

City-St-Zip:

2487 ELFINWING LANE

TALLAHASSEE, FL 32308

Entity Name: PATIENTS FIRST MANAGEMENT, INC.

FILED Mar 24, 2003 Secretary of State

Current Principal Place of Business:			New Principal Place of	New Principal Place of Business:	
	ONROE ST SSEE, FL 323	303			
Current Mailing Address:			New Mailing Address	:	
	ONROE ST SSEE, FL 323	303			
FEI Number	: 59-3439874	FEI Number Applied For()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and	Address of	Current Registered Agent:	Name and Address of	Name and Address of New Registered Agent:	
	RIAN S NWING LANE SSEE, FL 323				
	named entity e of Florida.	submits this statement for the	purpose of changing its registered	office or registered agent, or both,	
SIGNATUR	RE:				
	Electro	nic Signature of Registered Ag	gent	Date	
Election Car	mpaign Financin	ng Trust Fund Contribution ().			
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	VP (SPRING, ROY 1875 CHARDO TALLAHASSEI	NNAY PL	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name:	P (WEBB, BRIAN) Delete S	Title: Name:	() Change () Addition	

Address:

City-St-Zip:

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: ROYCE R SPRING II VP 03/24/2003