

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

95 APR 28 PM 1:07

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # V29295 (5)

1. Corporation Name

PATIENTS FIRST NORTHAMPTON MEDICAL CENTER, P.A.

Principal Place of Business

2807 KERRY FOREST PKWY.
TALLAHASSEE FL 32308

Mailing Address

3258 N. MONROE ST.
TALLAHASSEE FL 32303

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

04/17/1992

3a. Date of Last Report

07/05/1994

4. FEI Number

59-3122735

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional

Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be

Added to Fees

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes ☒ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

REESE, RANDY R
3258 NORTH MONROE ST.
TALLAHASSEE FL 32303

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when transferring)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE

P

NAME

REESE, RANDY R M.D.

STREET ADDRESS

3729 GALWAY DR.

CITY - ST - ZIP

TALLAHASSEE FL 32308

1.1 TITLE

T

1.2 NAME

STEINVORTH, JUNE C.

1.3 STREET ADDRESS

8613 HEALTWOOD CT.

1.4 CITY - ST - ZIP

TALLAHASSEE, FL 32312

☐ Change ☒ Addition

TITLE

V

NAME

MORGAN, R. SUZANNE M.D.

STREET ADDRESS

4557 HIGH GROVE RD.

CITY - ST - ZIP

TALLAHASSEE FL 32308

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

☐ Change ☐ Addition

TITLE

S

NAME

HICKS, THOMAS L M.D.

STREET ADDRESS

505 COLLINSFORD RD.

CITY - ST - ZIP

TALLAHASSEE FL 32301

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

☐ Change ☐ Addition

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

☐ Change ☐ Addition

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

☐ Change ☐ Addition

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Thomas L. Hicks

THOMAS L. HICKS, MD

3/31/95 (904) 562-2010

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR