

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1996**



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

DOCUMENT # **V29295** (5)

1. Corporation Name

**PATIENTS FIRST NORTHAMPTON MEDICAL CENTER, P.A.**



Principal Place of Business

**2907 KERRY FOREST PKWY.  
TALLAHASSEE FL 32308**

Mailing Address

**3258 N. MONROE ST.  
TALLAHASSEE FL 32303**

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

3. Date Incorporated or Qualified

**04/17/1992**

3a. Date of Last Report

**04/28/1995**

4. FEI Number

**59-3122735**

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional  
Fee Required**

6. Election Campaign Financing  
Trust Fund Contribution

☐

**\$5.00 May Be  
Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes

☒

Yes

☐

No

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 fee if applicable.

(NOTE: Registered Agent Signature required when reinstating.)

DATE

12. OFFICERS AND DIRECTORS

TITLE **P** ☐ DELETE

NAME **REESE, RANDY R M.D.**  
STREET ADDRESS **3729 GALWAY DR.**  
CITY-ST-ZIP **TALLAHASSEE FL 32308**

TITLE **V** ☐ DELETE

NAME **MORGAN, R. SUZANNE M.D.**  
STREET ADDRESS **4557 HIGH GROVE RD.**  
CITY-ST-ZIP **TALLAHASSEE FL 32308**

TITLE **S** ☐ DELETE

NAME **HICKS, THOMAS L M.D.**  
STREET ADDRESS **605 COLLINGSFORD RD.**  
CITY-ST-ZIP **TALLAHASSEE FL 32301**

TITLE **T** ☒ DELETE

NAME **STEINVORTH, JUNE C**  
STREET ADDRESS **8613 HEARTWOOD CT.**  
CITY-ST-ZIP **TALLAHASSEE FL**

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☒ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

**2302 ELLICOTT DRIVE  
32312**

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)(k), 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 of an appointment with an address.

SIGNATURE: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (12/95)