

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 29, 1999 8:00 am
Secretary of State

04-29-1999 90045 017 ***150.00

DOCUMENT # V29295

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**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/17/1992

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 owes the current year Intangible
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip **24** Country **25**

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip **29** Country **30**

9. Name and Address of Current 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

10. Name and Address of New Registered Agent

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

P ☐ DELETE
TITLE
NAME **REESE, RANDY R M.D.**
STREET ADDRESS **3729 GALWAY DR.**
CITY-STATE-ZIP **TALLAHASSEE FL 32308**

V ☐ DELETE
TITLE
NAME **MORGAN, R. SUZANNE M.D.**
STREET ADDRESS **4557 HIGH GROVE RD.**
CITY-STATE-ZIP **TALLAHASSEE FL 32308**

S ☐ DELETE
TITLE
NAME **HICKS, THOMAS L M.D.**
STREET ADDRESS **2302 ELLICOTT DRIVE**
CITY-STATE-ZIP **TALLAHASSEE FL**

☐ DELETE
TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

☐ DELETE
TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

☐ DELETE
TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-STATE-ZIP

☐ Change ☐ Addition

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-STATE-ZIP

☐ Change ☐ Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-STATE-ZIP

☐ Change ☐ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-STATE-ZIP

☐ Change ☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-STATE-ZIP

☐ Change ☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-STATE-ZIP

☐ Change ☐ Addition

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07 3(i), 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, with a letter like empowered.

SIGNATURE:

Randy Reese
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/15/99

Date

850-522-2010

Daytime Phone #

CR2E034 (11/98)