

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 29, 2004 8:00 am
Secretary of State

03-29-2004 90067 011 ***150.00

DOCUMENT # V29295

1. Entity 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**

94038290



02242004 No Chg-P CR2E034 (10/03)

4. FEI Number
59-3122735

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

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

**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	REESE, RANDY R M.D.
STREET ADDRESS	3729 GALWAY DR.
CITY-ST-ZIP	TALLAHASSEE, FL 32308
TITLE	V
NAME	MORGAN, R. SUZANNE M.D.
STREET ADDRESS	4557 HIGH GROVE RD.
CITY-ST-ZIP	TALLAHASSEE, FL 32308
TITLE	S
NAME	HICKS, THOMAS L M.D.
STREET ADDRESS	2302 ELLICOTT DRIVE
CITY-ST-ZIP	TALLAHASSEE, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Thomas L Hicks

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

2/25/04

Daytime Phone #