2011 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
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Secretary of State

DOCUMENT# V29295

Entity Name: PATIENTS FIRST NORTHAMPTON MEDICAL CENTER, P.A.

Current Principal Place of Business:

2907 KERRY FOREST PKWY.
TALLAHASSEE, FL 32308

New Principal Place of Business:

Current Mailing Address:

3258 N. MONROE ST.
TALLAHASSEE, FL 32303

New Mailing Address:

FEI Number: 59-3122735 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: P
Name: REESE, RANDY R M.D.
Address: 4850 BRADFORDVILLE ROAD
City-St-Zip: TALLAHASSEE, FL 32308

Title: V
Name: MORGAN, R. SUZANNE M.D.
Address: 1060 LIVE OAK PLANTATION ROAD
City-St-Zip: TALLAHASSEE, FL 32312

Title: S
Name: HICKS, THOMAS L M.D.
Address: 300 S DUVAL ST UNIT #2005
City-St-Zip: TALLAHASSEE, FL 32308

I hereby 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 all other like empowered.

SIGNATURE: RANDY R REESE MD P 03/09/2011

Electronic Signature of Signing Officer or Director Date