

**2016 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P96000067748

**Entity Name:** PATIENTS FIRST APPELYARD, INC.**Current Principal Place of Business:**505 APPELYARD DR  
TALLAHASSEE, FL 32304**Current Mailing Address:**3258 N MONROE ST  
TALLAHASSEE, FL 32303 US**FEI Number:** 59-3398412**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**WEBB, BRIAN S  
2907 KERRY FOREST PARKWAY  
TALLAHASSEE, FL 32309 US*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**Officer/Director Detail :**

Title	P
Name	WEBB, BRIAN S
Address	2487 ELFINWING LANE
City-State-Zip:	TALLAHASSEE FL 32308

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

Title	VP
Name	SPRING, ROYCE RII
Address	11665 GRAZING BUCK COURT
City-State-Zip:	TALLAHASSEE FL 32317

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

Title	D
Name	REESE, RANDY RMD
Address	4850 BRADFORDVILLE RD
City-State-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:** ROYCE R SPRING II

VP

03/28/2016

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date