2003 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 29, 2003
Secretary of State

DOCUMENT# P02000062215

Entity Name: FIRST COAST ANESTHESIA, INC.

Current Principal Place of Business:

437 E MONROE ST, STE 202
JACKSONVILLE, FL 32202

New Principal Place of Business:

1752 RAVINE SIDE DRIVE
JACKSONVILLE, FL 3225 US

Current Mailing Address:

437 E MONROE ST, STE 202
JACKSONVILLE, FL 32202

New Mailing Address:

1752 RAVINE SIDE DRIVE
JACKSONVILLE, FL 32225 US

FEI Number: 61-1416713 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BROOKS, MICHAEL L
437 E MONROE ST, STE 202
JACKSONVILLE, FL 32202 US

Name and Address of New Registered Agent:

MCCLURE, THERESA B
1752 RAVINE SIDE DRIVE
JACKSONVILLE, FL 32225 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: THERESA B. MCCLURE 04/29/2003
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P ( ) Change (X) Addition
Name: MCCLURE, THERESA B
Address: 1752 RAVINE SIDE DRIVE
City-St-Zip: JACKSONVILLE, FL 32225 US

Title: V ( ) Change (X) Addition
Name: MCCLURE, MATTHEW R
Address: 1752 RAVINE SIDE DRIVE
City-St-Zip: JACKSONVILLE, FL 32225 US

I hereby certify that the information supplied with this filing does not qualify for the 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 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 an address, with all other like empowered.

SIGNATURE: THERESA B. MCCLURE P 04/29/2003
Electronic Signature of Signing Officer or Director Date