

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 09, 2005 08:00 AM
Secretary of State

DOCUMENT # P97000023387 1. Entity Name FIRST COAST MEDICAL SERVICES, INC.	
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Principal Place of Business 4211 PEARL STREET JACKSONVILLE, FL 32206	Mailing Address 4211 PEARL STREET JACKSONVILLE, FL 32206
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DO NOT WRITE IN THIS SPACE



01102005 No Chg-P CR2E034 (10/03)

4. FEI Number 59-3433709	Applied For Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent AKEL, DANIEL D ONE INDEPENDENT DRIVE SUITE 2301 JACKSONVILLE, FL 32202	DO NOT WRITE IN THIS SPACE
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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 _____
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FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP CARTER, GRADY L 4211 PEARL STREET JACKSONVILLE, FL 32206
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST CARTRETT, DIANE L 4211 PEARL ST JAX, FL 32206
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP CARTRETT, DIANE L 4211 PEARL STREET JACKSONVILLE, FL 32206
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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: _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	2/7/05 904358-1159 Date Daytime Phone #
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