2012 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 10, 2012
Secretary of State

DOCUMENT# P97000023387

Entity Name: FIRST COAST MEDICAL CENTER, INC.

Current Principal Place of Business:

4211 PEARL STREET
JACKSONVILLE, FL 32206

New Principal Place of Business:

Current Mailing Address:

13453 N. MAIN STREET
SUITE 103
JACKSONVILLE, FL 32218

New Mailing Address:

FEI Number: 59-3433709 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

AKEL, DANIEL D
ONE INDEPENDENT DRIVE
SUITE 2301
JACKSONVILLE, FL 32202 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: DP
Name: CARTER, GRADY L
Address: 4211 PEARL STREET
City-St-Zip: JACKSONVILLE, FL 32206

Title: ST
Name: CARTRETT, DIANE L
Address: 4211 PEARL ST
City-St-Zip: JAX, FL 32206

Title: VP
Name: CARTRETT, DIANE L
Address: 4211 PEARL STREET
City-St-Zip: JACKSONVILLE, FL 32206

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: GRADY L CARTER DP 01/10/2012

Electronic Signature of Signing Officer or Director — Date