

# 2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L09000074097

**FILED**  
**Apr 05, 2012**  
**Secretary of State**

**Entity Name:** FIRST COAST HEALTHCARE GROUP, PLLC

**Current Principal Place of Business:**

400 HEALTH PARK BLVD.  
SUITE 300  
ST. AUGUSTINE, FL 32086 US

**New Principal Place of Business:**

**Current Mailing Address:**

400 HEALTH PARK BLVD.  
SUITE 300  
ST. AUGUSTINE, FL 32086 US

**New Mailing Address:**

**FEI Number:** 27-0663123      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

PASCOE, BEVERLY  
1301 RIVERPLACE BLVD. SUITE 1500  
JACKSONVILLE, FL 32207 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

**MANAGING MEMBERS/MANAGERS:**

**Title:** MGRM  
**Name:** STROM, SEBASTIAN S M.D.  
**Address:** 400 HEALTH PARK BLVD.  
**City-St-Zip:** ST. AUGUSTINE, FL 32086 US

I hereby certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: SEBASTIAN S. STROM, M.D.      MGRM      04/05/2012

\_\_\_\_\_ Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date