

**2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N14000003889

**Entity Name:** FIRST COAST INDEPENDENT PRACTICE ASSOCIATION, INC.

**FILED**  
**Feb 16, 2021**  
**Secretary of State**  
**6354074407CC**

**Current Principal Place of Business:**

3901 UNIVERSITY BLVD  
SUITE #221  
JACKSONVILLE, FL 32216

**Current Mailing Address:**

3901 UNIVERSITY BLVD  
SUITE #221  
JACKSONVILLE, FL 32216 US

**FEI Number: NOT APPLICABLE**

**Certificate of Status Desired: No**

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

NEEDHAM, JAMES DARRELL  
3901 UNIVERSITY BLVD  
SUITE #221  
JACKSONVILLE, FL 32216 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: JAMES NEEDHAM**

**02/16/2021**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title CEO  
Name NEEDHAM, JAMES DARRELL  
Address 3901 UNIVERSITY BLVD  
SUITE #221  
City-State-Zip: JACKSONVILLE FL 32216

Title P  
Name HAYES, KEVIN  
Address 3901 UNIVERSITY BLVD  
SUITE #221  
City-State-Zip: JACKSONVILLE FL 32216

Title MEMBER  
Name PUBBI, DINESH  
Address 3901 UNIVERSITY BLVD  
SUITE #221  
City-State-Zip: JACKSONVILLE FL 32216

*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 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE: JAMES NEEDHAM**

**CEO**

**02/16/2021**

Electronic Signature of Signing Officer/Director Detail

Date