

2019 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P12000065181

Entity Name: FIRST COAST HEART & VASCULAR CENTER, P.A.**Current Principal Place of Business:**3901 UNIVERSITY BLVD SOUTH
SUITE 227
JACKSONVILLE, FL 32216**Current Mailing Address:**3901 UNIVERSITY BLVD SOUTH
SUITE 227
JACKSONVILLE, FL 32216 US**FEI Number:** 46-0692160**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**NEEDHAM, JAMES D.
3901 UNIVERSITY BLVD SOUTH
SUITE 227
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:**

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title	PRESIDENT
Name	HAYES, KEVIN DR.
Address	P.O.BOX 24625
City-State-Zip:	JACKSONVILLE FL 32241

Title	SECRETARY
Name	GRECH, DAVID DR.
Address	P.O.BOX 24625
City-State-Zip:	JACKSONVILLE FL 32241

Title	D
Name	CRISCO, LARRY VAN THOMAS
Address	3901 UNIVERSITY BLVD SOUTH SUITE 227
City-State-Zip:	JACKSONVILLE FL 32216

Title	CEO
Name	NEEDHAM, JAMES D.
Address	3901 UNIVERSITY BLVD SOUTH SUITE 227
City-State-Zip:	JACKSONVILLE FL 32216

Title	TREASURER
Name	PUBBI, DINESH
Address	3901 UNIVERSITY BLVD SOUTH SUITE 227
City-State-Zip:	JACKSONVILLE FL 32216

Title	VP
Name	CARACCIOLO, VINCE
Address	3901 UNIVERSITY BLVD SOUTH SUITE 227
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 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: JAMES NEEDHAM

CEO

03/05/2019

Electronic Signature of Signing Officer/Director Detail

Date