

2021 FLORIDA PROFIT CORPORATION AMENDED 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	BLUMENTHAL, DAN DR.
Address	3901 UNIVERSITY BLVD SOUTH, SUITE 221
City-State-Zip:	JACKSONVILLE FL 32216

Title	SECRETARY
Name	BLUMENTHAL, DAN DR.
Address	3901 UNIVERSITY BLVD SOUTH, SUITE 221
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	BLUMENTHAL, DAN
Address	3901 UNIVERSITY BLVD SOUTH, SUITE 221 SUITE 227
City-State-Zip:	JACKSONVILLE FL 32216

Title	VP
Name	BLUMENTHAL, DAN
Address	3901 UNIVERSITY BLVD SOUTH, SUITE 221 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

06/11/2021

Electronic Signature of Signing Officer/Director Detail_____
Date