

**2013 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P12000065181

**FILED**  
**Jan 15, 2013**  
**Secretary of State**  
**CC5902987146**

**Entity Name:** FIRST COAST HEART & VASCULAR CENTER, P.A.

**Current Principal Place of Business:**

14810 OLD ST. AUGUSTINE ROAD  
SUITE 201  
JACKSONVILLE, FL 32258

**Current Mailing Address:**

P.O.BOX 24625  
JACKSONVILLE, FL 32241 US

**FEI Number:** 46-0692160

**Certificate of Status Desired:** No

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

MILAM HOWARD NICANDRI DEES & GILLAM, P.A.  
14 EAST BAY STREET  
JACKSONVILLE, FL 32202 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           ASHCHI, MAJDI  
Address        14810 OLD ST. AUGUSTINE ROAD  
                  SUITE 201  
City-State-Zip: JACKSONVILLE FL 32258

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

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

Title           VP  
Name           PUBBI, DINESH 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           ASST. SECRETARY  
Name           CARACCILO, VINCENT DR.  
Address        P.O.BOX 24625  
City-State-Zip: JACKSONVILLE FL 32241

*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: DR. MAJDI ASHCHI**

**PRESIDENT**

**01/15/2013**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date