

2022 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 221
JACKSONVILLE, FL 32216**Current Mailing Address:**345 PARK AVE S 12TH FLOOR
NEW YORK, NY 10010 US**FEI Number:** 46-0692160**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525 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	PD
Name	BLUMENTHAL, DAN
Address	345 PARK AVE S 12TH FLOOR
City-State-Zip:	NEW YORK NY 10010

Title	TD
Name	TORELLI, JULIUS
Address	345 PARK AVE S 12TH FLOOR
City-State-Zip:	NEW YORK NY 10010

Title	TD
Name	CARACCILOLO, VINCENT
Address	345 PARK AVE S 12TH FLOOR
City-State-Zip:	NEW YORK NY 10010

Title	S
Name	POLLARD, BROOKS
Address	345 PARK AVE S 12TH FLOOR
City-State-Zip:	NEW YORK NY 10010

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: DAN BLUMENTHAL

PD

01/17/2022

Electronic Signature of Signing Officer/Director Detail_____
Date