2020 FLORIDA PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 16, 2020
Secretary of State
9330777057CC

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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	Title	SECRETARY
Name	HAYES, KEVIN DR.	Name	GRECH, DAVID DR.
Address	P.O.BOX 24625	Address	P.O.BOX 24625
City-State-Zip:	JACKSONVILLE FL 32241	City-State-Zip:	JACKSONVILLE FL 32241
Title	D	Title	CEO
Name	CRISCO, LARRY VAN THOMAS	Name	NEEDHAM, JAMES D.
Address	3901 UNIVERSITY BLVD SOUTH SUITE 227	Address	3901 UNIVERSITY BLVD SOUTH SUITE 227
City-State-Zip:	JACKSONVILLE FL 32216	City-State-Zip:	JACKSONVILLE FL 32216
Title	TREASURER	Title	VP
Name	PUBBI, DINESH	Name	CARACCIOLO, VINCE
Address	3901 UNIVERSITY BLVD SOUTH SUITE 227	Address	3901 UNIVERSITY BLVD SOUTH SUITE 227
City-State-Zip:	JACKSONVILLE FL 32216	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 01/16/2020

Electronic Signature of Signing Officer/Director Detail — Date