

2016 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P12000065181

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

FILED
Jan 04, 2016
Secretary of State
CC8277504625

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

Title VP
Name CARACCILOLO, 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 D. NEEDHAM

CEO

01/04/2016

Electronic Signature of Signing Officer/Director Detail

Date