

2023 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:

200 5TH AVE., SUITE 4020
WALTHAM, MA 02451 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

Title TREASURER
Name MIKE, PETIT
Address 200 5TH AVE., SUITE 4020
City-State-Zip: WALTHAM MA 02451

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: MIKE PETIT

TREASURER

05/01/2023

Electronic Signature of Signing Officer/Director Detail

Date