2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 28, 2014
Secretary of State
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Entity Name: FIRST COAST HEART & VASCULAR CENTER, P.A.

Current Principal Place of Business:

3901 UNIVERSITY BLVD. S
SUITE # 221
JACKSONVILLE, FL 32216

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	3901 UNIVERSITY BLVD. S SUITE # 221
City-State-Zip:	JACKSONVILLE FL 32216

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	PRESIDENT
Name	ASHCHI, MAJDI 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	ASST. SECRETARY
Name	CARACCIOLO, 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: MAJDI ASHCHI PRESIDENT 01/28/2014

Electronic Signature of Signing Officer/Director Detail — Date