

2016 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000023387

Entity Name: FIRST COAST MEDICAL CENTER, INC.

Current Principal Place of Business:

4211 PEARL STREET
JACKSONVILLE, FL 32206

Current Mailing Address:

13453 N. MAIN STREET
SUITE 103
JACKSONVILLE, FL 32218

FEI Number: 59-3433709

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

AKEL, DANIEL D
ONE INDEPENDENT DRIVE
SUITE 2301
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 DP
Name CARTER, GRADY L
Address 4211 PEARL STREET
City-State-Zip: JACKSONVILLE FL 32206

Title ST
Name CARTRETT, DIANE L
Address 4211 PEARL ST
City-State-Zip: JAX FL 32206

Title VP
Name CARTRETT, DIANE L
Address 4211 PEARL STREET
City-State-Zip: JACKSONVILLE FL 32206

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: DIANE L. CARTRETT

VICE PRESIDENT

01/26/2016

Electronic Signature of Signing Officer/Director Detail

Date