## 2023 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:** 

**4211 PEARL STREET** 

JACKSONVILLE, FL 32206 US

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.

City-State-Zip:

JAX FL 32206

SIGNATURE:

Electronic Signature of Registered Agent

Date

FILED Feb 07, 2023

**Secretary of State** 

1160452458CC

Officer/Director Detail:

Title DP Title ST

NameCARTER, GRADY LNameCARTRETT, DIANE LAddress4211 PEARL STREETAddress4211 PEARL ST

City-State-Zip: JACKSONVILLE FL 32206

Title VP

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

SIGNATURE: DIANE L. CARTRETT

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.

Electronic Signature of Signing Officer/Director Detail

VP S T

02/07/2023

Date