

2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L09000074097

Entity Name: FIRST COAST HEALTHCARE GROUP, PLLC

Current Principal Place of Business:

400 HEALTH PARK BLVD.
SUITE 300
ST. AUGUSTINE, FL 32086

Current Mailing Address:

146 PALM COAST RESORT BLVD, #806
PALM COAST, FL 32137

FEI Number: 27-0663123

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

PASCOE, BEVERLY
1301 RIVERPLACE BLVD. SUITE 1500
JACKSONVILLE, FL 32207 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

Authorized Person(s) Detail :

Title MGRM
Name STROM, SEBASTIAN S M.D.
Address 400 HEALTH PARK BLVD.
City-State-Zip: ST. AUGUSTINE FL 32086

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 a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: SEBASTIAN S. STROM, M.D.

MGRM

04/30/2014

_____ Electronic Signature of Signing Authorized Person(s) Detail

_____ Date