

**2013 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000128129

**Entity Name:** ST. VINCENT'S FIRST CARE, LLC

**Current Principal Place of Business:**

8323 RAMONA BLVD. W  
JACKSONVILLE, FL 32221

**Current Mailing Address:**

8323 RAMONA BLVD. W  
JACKSONVILLE, FL 32221 US

**FEI Number:** 27-4273517

**Certificate of Status Desired:** Yes

**Name and Address of Current Registered Agent:**

SMITH HULSEY & BUSEY PROFESSIONAL ASSOCIA  
225 WATER STREET  
SUITE 1800  
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

**Authorized Person(s) Detail :**

Title MGR  
Name GASTON, CHRISTOPHER E  
Address 225 WATER STREET  
City-State-Zip: JACKSONVILLE FL 32202

*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 608, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** CHRISTOPHER E. GASTON

MGR

04/15/2013

\_\_\_\_\_ Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_ Date