

**2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L13000064036

**Entity Name:** FIRST COAST HEALTH ALLIANCE, LLC

**Current Principal Place of Business:**

400 HEALTH PARK BLVD.  
ST. AUGUSTINE, FL 32086

**Current Mailing Address:**

400 HEALTH PARK BLVD.  
ST. AUGUSTINE, FL 32086

**FEI Number:** APPLIED FOR

**Certificate of Status Desired:** No

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

SMITH HULSEY & BUSEY PA  
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 HULSEY, SMITH  
Address 225 WATER STREET  
1800  
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 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** HULSEY , SMITH

01/21/2014

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

\_\_\_\_\_ Date