FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT

1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

95 APR 18 PM 4:23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **603888** **(9)**

1. Corporation Name

FIRST COAST MEDICAL GROUP, P.A.

Principal Place of Business	Mailing Address
2005 RIVERSIDE AVENUE JACKSONVILLE FL 32204	2005 RIVERSIDE AVENUE JACKSONVILLE FL 32204

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **11/02/1972**

3a. Date of Last Report: **03/30/1994**

2. Principal Place of Business	2a. Mailing Address
21 111 Riverside Avenue	26 111 Riverside Avenue
Suite, Apt. #, etc. 22 Suite 120	Suite, Apt. #, etc. 27 Suite 120
City & State 23 Jacksonville, Florida	City & State 28 Jacksonville, Florida
Zip 24 32202 Country 25 DUVAL	Zip 29 32202 Country 30 DUVAL

4. FEI Number: **59-1429798** ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. *This corporation has liability for intangible tax under S. 199.032, Florida Statutes* ☐ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
BARE, RONALD K. 2005 RIVERSIDE AVE JACKSONVILLE FL 32204	81 Name: Bare, Ronald K. 82 Street Address (P.O. Box Number is Not Acceptable): 111 Riverside Avenue 83 Suite 120 84 City: Jacksonville FL 85 Zip Code: 32202

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	S	81 TITLE	President ☑ Change ☐ Addition
NAME	BARE, RONALD K	82 NAME	Millstone, Stuart Z., M.D.
STREET ADDRESS	2005 RIVERSIDE AVENUE	83 STREET ADDRESS	111 Riverside Avenue, Suite 120
CITY ST ZIP	JACKSONVILLE, FL 00000	84 CITY ST ZIP	Jacksonville, FL 32202
TITLE	D	71 TITLE	Vice President ☑ Change ☐ Addition
NAME	SPRAGUE, RICHARD S. M.D	72 NAME	Phillips, Charles M.D.
STREET ADDRESS	2005 RIVERSIDE AVE	73 STREET ADDRESS	111 Riverside Avenue, Suite 120
CITY ST ZIP	JACKSONVILLE, FL 00000	74 CITY ST ZIP	Jacksonville, FL 32202
TITLE	D	91 TITLE	Treasurer ☑ Change ☐ Addition
NAME	ROCKWELL, HILEANY C	92 NAME	Tucker, N. H., III, M.D.
STREET ADDRESS	2005 RIVESIDE AVE.	93 STREET ADDRESS	111 Riverside Avenue, Suite 120
CITY ST ZIP	JACKSONVILLE FL	94 CITY ST ZIP	Jacksonville, FL 32202
TITLE	D	41 TITLE	Secretary ☑ Change ☐ Addition
NAME	FELGER, T. STEVENS, MD	42 NAME	Felger, T. Stevens, M.D.
STREET ADDRESS	2005 RIVERSIDE AVENUE	43 STREET ADDRESS	111 Riverside Avenue, Suite 120
CITY ST ZIP	JACKSONVILLE, FL 00000	44 CITY ST ZIP	Jacksonville, FL 32202
TITLE	DP	51 TITLE	☑ Change ☐ Addition
NAME	HAYES, CHARLES P. MD.	52 NAME	Hayes, Charles P., M.D.
STREET ADDRESS	2005 RIVERSIDE AVENUE	53 STREET ADDRESS	111 Riverside Avenue, Suite 120
CITY ST ZIP	JACKSONVILLE, FL 00000	54 CITY ST ZIP	Jacksonville, FL 32202
TITLE	D	61 TITLE	☑ Change ☐ Addition
NAME	LEVENSON, JEFFREY H.M M	62 NAME	Levenson, Jeffrey, H., M.D.
STREET ADDRESS	2005 RIVERSIDE AVE	63 STREET ADDRESS	111 Riverside Avenue, Suite 120
CITY ST ZIP	JACKSONVILLE, FL 00000	64 CITY ST ZIP	Jacksonville, FL 32202

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 the report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Ronald K. Bare 3/27/95

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date

0023484 CP