# FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

**1996**

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

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

1. Corporation Name

**FIRST COAST MEDICAL GROUP, P.A.**

| Principal Place of Business | Mailing Address |
|---|---|
| 111 RIVERSIDE AVENUE<br>120<br>JACKSONVILLE FL 32202<br>US | 111 RIVERSIDE AVENUE<br>120<br>JACKSONVILLE FL 32202<br>US |

| | |
|---|---|
| 2. Principal Place of Business | 2a. Mailing Address |
| 21 | 26 |
| Suite, Apt. #, etc. 22 | Suite, Apt. #, etc. 27 |
| City & State 23 | City & State 28 |
| Zip 24 / Country 25 | Zip 29 / Country 30 |

| | |
|---|---|
| 3. Date Incorporated or Qualified: **11/02/1972** | 3a. Date of Last Report: **04/18/1995** |
| 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**

BARE, RONALD K
111 RIVERSIDE AVENUE
SUITE 120
JACKSONVILLE FL 32202

**10. Name and Address of New Registered Agent**

81 Name: C. Wayne Stephens
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: C. Wayne Stephens — DATE: 2/5/96

| 12. OFFICERS AND DIRECTORS | | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | | |
|---|---|---|---|---|---|
| TITLE | PRES | ☐ DELETE | 1.1 TITLE | D | ☐ Change ☒ Addition |
| NAME | MILLSTONE, STUART Z M.D. | | 1.2 NAME | James R. Biggerstaff, M.D. | |
| STREET ADDRESS | 111 RIVERSIDE AVENUE SUITE 120 | | 1.3 STREET ADDRESS | 111 Riverside Avenue, Suite 120 | |
| CITY-ST-ZIP | JACKSONVILLE FL | | 1.4 CITY-ST-ZIP | Jacksonville, FL | |
| TITLE | VP | ☐ DELETE | 2.1 TITLE | D | ☐ Change ☒ Addition |
| NAME | PHILLIPS, CHARLES M.D. | | 2.2 NAME | Robert S. Franco, M.D. | |
| STREET ADDRESS | 111 RIVERSIDE AVENUE, SUITE 120 | | 2.3 STREET ADDRESS | 111 Riverside Avenue, Suite 120 | |
| CITY-ST-ZIP | ORANGE PARK FL | | 2.4 CITY-ST-ZIP | Jacksonville, FL | |
| TITLE | TRES | ☐ DELETE | 3.1 TITLE | D | ☐ Change ☒ Addition |
| NAME | TUCKER, N.H. 111 M.D. | | 3.2 NAME | David W. Weiss, M.D. | |
| STREET ADDRESS | 111 RIVERSIDE AVENUE SUITE 120 | | 3.3 STREET ADDRESS | 111 Riverside Avenue, Suite 120 | |
| CITY-ST-ZIP | JACKSONVILLE FL | | 3.4 CITY-ST-ZIP | Jacksonville, FL | |
| TITLE | SEC | ☐ DELETE | 4.1 TITLE | D | ☐ Change ☒ Addition |
| NAME | FELGER, T. STEVENS | | 4.2 NAME | William L. Carriere, M.D. | |
| STREET ADDRESS | 111 RIVERSIDE AVENUE SUITE 120 | | 4.3 STREET ADDRESS | 111 Riverside Avenue, Suite 120 | |
| CITY-ST-ZIP | JACKSONVILLE FL | | 4.4 CITY-ST-ZIP | Jacksonville, FL | |
| TITLE | DP | ☒ DELETE | 5.1 TITLE | | ☐ Change ☐ Addition |
| NAME | HAYES, CHARLES P JR | | 5.2 NAME | | |
| STREET ADDRESS | RIVERSIDE AVENUE, SUITE 120 | | 5.3 STREET ADDRESS | | |
| CITY-ST-ZIP | JACKSONVILLE FL | | 5.4 CITY-ST-ZIP | | |
| TITLE | D | ☐ DELETE | 6.1 TITLE | | ☐ Change ☐ Addition |
| NAME | LEVENSON, JEFFREY H | | 6.2 NAME | | |
| STREET ADDRESS | 111 RIVERSIDE AVENUE, SUITE 120 | | 6.3 STREET ADDRESS | | |
| CITY-ST-ZIP | JACKSONVILLE FL | | 6.4 CITY-ST-ZIP | | |

CR2E034 (12/95)

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 this 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:** Theodore S. Long

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