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FILED

Jun 16 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

111 RIVERSIDE AVENUE
120
JACKSONVILLE FL 32202
US

Mailing Address

111 RIVERSIDE AVENUE
120
JACKSONVILLE FL 32202-4921
US

3. Date Incorporated or Qualified
11/02/1972

3a. Date of Last Report
02/20/1996

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

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

STEPHENS, C W
111 RIVERSIDE AVENUE
SUITE 120
JACKSONVILLE FL 32202

81 Name

David Bailey

82 Street Address (P.O. Box Number is Not Acceptable)

111 Riverside Avenue, Suite 120

83

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

5/29/97

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PRES
NAME MILLSTONE, STUART Z M.D.
STREET ADDRESS 111 RIVERSIDE AVENUE SUITE 120
CITY-ST-ZIP JACKSONVILLE FL

DELETE

TITLE VP
NAME PHILLIPS, CHARLES M.D.
STREET ADDRESS 111 RIVERSIDE AVENUE, SUITE 120
CITY-ST-ZIP ORANGE PARK FL

DELETE

TITLE PRES VP
NAME TUCKER, N.H. 111 M.D.
STREET ADDRESS 111 RIVERSIDE AVENUE SUITE 120
CITY-ST-ZIP JACKSONVILLE FL

DELETE

TITLE SEC
NAME FELGER, T. STEVENS
STREET ADDRESS 111 RIVERSIDE AVENUE SUITE 120
CITY-ST-ZIP JACKSONVILLE FL

DELETE

TITLE D
NAME CARRIERE, WILLIAM L MD
STREET ADDRESS 111 RIVERSIDE AVENUE, SUITE 120
CITY-ST-ZIP JACKSONVILLE FL

DELETE

TITLE D
NAME LEVENSON, JEFFREY H
STREET ADDRESS 111 RIVERSIDE AVENUE, SUITE 120
CITY-ST-ZIP JACKSONVILLE FL

DELETE

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

Change Addition

Sec
James R. Biggerstaff, M.D.
111 Riverside Ave., Ste. 120
Jacksonville, FL 32202

VP
N. H. Tucker, M.D.
111 Riverside Ave., Ste. 120
Jacksonville, FL 32202

Treas.
Robert S. Franco, M.D.
111 Riverside Ave., Ste. 120
Jacksonville, FL 32202

Change Addition

Change Addition

14. I do hereby certify that the information supplied with this filing 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

Signature, typed or printed name of registered agent and title if applicable

Signature

Signature

CR2E034 (9/96)