**FILE NOW: FILING FEE AFTER MAY 1ST IS $550.00**

FILED
May 12 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT
**1998**

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 |

DO NOT WRITE IN THIS SPACE

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

| 2. Principal Place of Business | 2a. Mailing Address |
|---|---|
| 21 8131 Baymeadows Circle, W. | 26 8131 Baymeadows Circle, W. |
| Suite, Apt. #, etc.<br>22 Suite 200 | Suite, Apt. #, etc.<br>27 Suite 200 |
| City & State<br>23 Jacksonville, FL | City & State<br>28 Jacksonville, FL |
| Zip 24 32256 Country 25 U.S. | Zip 29 32256 Country 30 U.S. |

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 owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

| 9. Name and Address of Current Registered Agent | 10. Name and Address of New Registered Agent |
|---|---|
| BAILEY, DAVID<br>111 RIVERSIDE AVENUE<br>SUITE 120<br>JACKSONVILLE FL 32202 | 81 Name: Same<br>82 Street Address (P.O. Box Number is Not Acceptable): 8131 Baymeadows Circle, W. Suite 200<br>83<br>84 City: Jacksonville FL 85 Zip Code: 32256 |

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 _____ David Bailey April 15, 1998
Signature, type or print name of registered agent, and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

| 12. OFFICERS AND DIRECTORS | | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | | |
|---|---|---|---|---|---|
| TITLE | PRES | ☑ DELETE | 1.1 TITLE | Pres, | ☐ Change ☑ Addition |
| NAME | MILLSTONE, STUART Z M.D. | | 1.2 NAME | Brad Mathias, M.D. | |
| STREET ADDRESS | 111 RIVERSIDE AVENUE SUITE 120 | | 1.3 STREET ADDRESS | 8131 Baymeadows Circle, W. Suite 200 | |
| CITY-ST-ZIP | JACKSONVILLE FL | | 1.4 CITY-ST-ZIP | Jacksonville, FL 32256 | |
| TITLE | VP | ☑ DELETE | 2.1 TITLE | Tres. | ☐ Change ☑ Addition |
| NAME | TUCKER, N.H. | | 2.2 NAME | Rick Sprague, M.D. | |
| STREET ADDRESS | 111 RIVERSIDE AVENUE, SUITE 120 | | 2.3 STREET ADDRESS | 8131 Baymeadows Circle, W. Suite 200 | |
| CITY-ST-ZIP | ORANGE PARK FL | | 2.4 CITY-ST-ZIP | Jacksonville, FL 32256 | |
| TITLE | TRES | ☑ DELETE | 3.1 TITLE | S | ☐ Change ☑ Addition |
| NAME | FRANCO, ROBERT S | | 3.2 NAME | Ray Silbar, M.D. | |
| STREET ADDRESS | 111 RIVERSIDE AVENUE SUITE 120 | | 3.3 STREET ADDRESS | 8131 Baymeadows Circle, W. Suite 200 | |
| CITY-ST-ZIP | JACKSONVILLE FL | | 3.4 CITY-ST-ZIP | Jacksonville, FL 32256 | |
| TITLE | S | ☑ DELETE | 4.1 TITLE | D | ☐ Change ☑ Addition |
| NAME | BIGGERSTAFF, JAMES R MD | | 4.2 NAME | Richard Glock, M.D. | |
| STREET ADDRESS | 111 RIVERSIDE AVENUE SUITE 120 | | 4.3 STREET ADDRESS | 8131 Baymeadows Circle, W. Suite 200 | |
| CITY-ST-ZIP | JACKSONVILLE FL 32202 | | 4.4 CITY-ST-ZIP | Jacksonville, FL 32256 | |
| TITLE | D | ☑ DELETE | 5.1 TITLE | D | ☐ Change ☑ Addition |
| NAME | CARRIERE, WILLIAM L MD | | 5.2 NAME | Dan Spearman, M.D. | |
| STREET ADDRESS | 111 RIVERSIDE AVENUE, SUITE 120 | | 5.3 STREET ADDRESS | 8131 Baymeadows Circle, W. Suite 200 | |
| CITY-ST-ZIP | JACKSONVILLE FL | | 5.4 CITY-ST-ZIP | Jacksonville, FL 32256 | |
| TITLE | D | ☑ DELETE | 6.1 TITLE | D | ☐ Change ☑ Addition |
| NAME | LEVENSON, JEFFREY H | | 6.2 NAME | Donald B. Twiggs, M.D. | |
| STREET ADDRESS | 111 RIVERSIDE AVENUE, SUITE 120 | | 6.3 STREET ADDRESS | 8131 Baymeadows Circle, W. Suite 200 | |
| CITY-ST-ZIP | JACKSONVILLE FL | | 6.4 CITY-ST-ZIP | Jacksonville, FL 32256 | |

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14. I 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 _____