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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
~~111 RIVERSIDE AVENUE~~
~~120~~
~~JACKSONVILLE FL 32202~~
US

Mailing Address
~~111 RIVERSIDE AVENUE~~
~~120~~
~~JACKSONVILLE FL 32202~~
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
11/02/1972

2. Principal Place of Business
21 8131 Baymeadows Circle, W.
Suite, Apt. #, etc.
22 Suite 200
City & State
23 Jacksonville, FL
Zip 24 32256 Country 25 U.S.

2a. Mailing Address
26 8131 Baymeadows Circle, W.
Suite, Apt. #, etc.
27 Suite 200
City & State
28 Jacksonville, FL
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**
BAILEY, DAVID
111 RIVERSIDE AVENUE
SUITE 120
JACKSONVILLE FL 32202

10. **Name and Address of New Registered Agent**
81 Name Same
82 Street Address (P.O. Box Number is Not Acceptable) 8131 Baymeadows Circle, W. Suite 200
83
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 printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	PRES	☑ DELETE
NAME	MILLSTONE, STUART Z M.D.	
STREET ADDRESS	111 RIVERSIDE AVENUE SUITE 120	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	VP	☑ DELETE
NAME	TUCKER, N.H.	
STREET ADDRESS	111 RIVERSIDE AVENUE, SUITE 120	
CITY-ST-ZIP	ORANGE PARK FL	
TITLE	TRES	☑ DELETE
NAME	FRANCO, ROBERT S	
STREET ADDRESS	111 RIVERSIDE AVENUE SUITE 120	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	S	☑ DELETE
NAME	BIGGERSTAFF, JAMES R MD	
STREET ADDRESS	111 RIVERSIDE AVENUE SUITE 120	
CITY-ST-ZIP	JACKSONVILLE FL 32202	
TITLE	D	☑ DELETE
NAME	CARRIERE, WILLIAM L MD	
STREET ADDRESS	111 RIVERSIDE AVENUE, SUITE 120	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	D	☑ DELETE
NAME	LEVENSON, JEFFREY H	
STREET ADDRESS	111 RIVERSIDE AVENUE, SUITE 120	
CITY-ST-ZIP	JACKSONVILLE FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	Pres.	☐ Change ☑ Addition
1.2 NAME	Brad Mathias, M.D.	
1.3 STREET ADDRESS	8131 Baymeadows Circle, W. Suite 200	
1.4 CITY-ST-ZIP	Jacksonville, FL 32256	
2.1 TITLE	Tres.	☐ Change ☑ Addition
2.2 NAME	Rick Sprague, M.D.	
2.3 STREET ADDRESS	8131 Baymeadows Circle, W. Suite 200	
2.4 CITY-ST-ZIP	Jacksonville, FL 32256	
3.1 TITLE	S	☐ Change ☑ Addition
3.2 NAME	Ray Silbar, M.D.	
3.3 STREET ADDRESS	8131 Baymeadows Circle, W. Suite 200	
3.4 CITY-ST-ZIP	Jacksonville, FL 32256	
4.1 TITLE	D	☐ Change ☑ Addition
4.2 NAME	Richard Glock, M.D.	
4.3 STREET ADDRESS	8131 Baymeadows Circle, W. Suite 200	
4.4 CITY-ST-ZIP	Jacksonville, FL 32256	
5.1 TITLE	D	☐ Change ☑ Addition
5.2 NAME	Dan Spearman, M.D.	
5.3 STREET ADDRESS	8131 Baymeadows Circle, W. Suite 200	
5.4 CITY-ST-ZIP	Jacksonville, FL 32256	
6.1 TITLE	D	☐ Change ☑ Addition
6.2 NAME	Donald B. Twiggs, M.D.	
6.3 STREET ADDRESS	8131 Baymeadows Circle, W. Suite 200	
6.4 CITY-ST-ZIP	Jacksonville, FL 32256	

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 [illegible] April 15, 1998

CR2E034 (10/97)