

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
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DOCUMENT # 603888 (9)

1. Corporation Name
FIRST COAST MEDICAL GROUP, P.A.



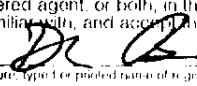
Principal Place of Business 111 RIVERSIDE AVENUE 120 JACKSONVILLE FL 32202 US	Mailing Address 111 RIVERSIDE AVENUE 120 JACKSONVILLE FL 32202 US
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DO NOT WRITE IN THIS SPACE

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

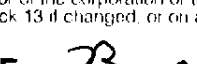
9. Name and Address of Current Registered Agent BAILEY, DAVID 111 RIVERSIDE AVENUE SUITE 120 JACKSONVILLE FL 32202		10. Name and Address of New Registered Agent 81 Name Same 82 Street Address (P.O. Box Number is Not Acceptable) 8131 Baymeadows Circle, W. Suite 200 83 84 City Jacksonville FL 85 Zip Code 32256	
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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 for printed name of registered agent and, 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	1.1 TITLE	Pres.
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	2.1 TITLE	Tres.
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	3.1 TITLE	S
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	4.1 TITLE	D
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	5.1 TITLE	D
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	6.1 TITLE	D
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

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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  David Bailey April 15, 1998

CR2E034 (10/97)