

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# H32822

FILED  
Apr 28, 2011  
Secretary of State

**Entity Name:** FIRST COAST TEST AND BALANCE, INC.

**Current Principal Place of Business:**

1914 UNIVERSITY BLVD.  
JACKSONVILLE, FL 32217

**New Principal Place of Business:**

**Current Mailing Address:**

1914 UNIVERSITY BLVD.  
JACKSONVILLE, FL 32217

**New Mailing Address:**

FEI Number: 59-2468012

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

CORSON-CASCONE, MARGUERITE Y  
1914 UNIVERSITY BLVD.  
JACKSONVILLE, FL 32217 US

**Name and Address of New Registered Agent:**

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: DP  
Name: CASCONE, STEVEN T  
Address: 1914 UNIVERSITY BLVD.  
City-St-Zip: JACKSONVILLE, FL 32217

Title: DST  
Name: CORSON-CASCONE, MARGUERITE  
Address: 1914 UNIVERSITY BLVD.  
City-St-Zip: JACKSONVILLE, FL 32217

Title: V  
Name: CORSON-CASCONE, MARGUERITE  
Address: 1914 UNIVERSITY BLVD.  
City-St-Zip: JACKSONVILLE, FL 32217

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: STEVEN T. CASCONE

DP

04/28/2011

Electronic Signature of Signing Officer or Director

Date