


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jul 21, 2005 08:00 AM
Secretary of State

DOCUMENT # J05424 1. Entity Name FIRST COAST HEALTH, INC.		
Principal Place of Business 229 SPORTSMAN DRIVE SATSUMA, FL 32189	Mailing Address 229 SPORTSMAN DRIVE SATSUMA, FL 32189	
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent MCLEAN, DANIEL J 229 SPORTSMAN DRIVE SATSUMA, FL 32189		DO NOT WRITE IN THIS SPACE
8. 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. I am familiar with, and accept the obligations of registered agent.		
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small> DATE _____		
FILE NOW!!! FEE IS \$150.00 Due by September 7, 2005	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MCLEAN, DANIEL J 229 SPORTSMAN DRIVE SATSUMA, FL 32189	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST MCLEAN, CYNTHIA J 229 SPORTSMAN DRIVE SATSUMA, FL 32189	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		
12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.		
SIGNATURE: <i>Daniel J McLean</i> DANIEL J. MCLEAN PRES. 7/18/05 467-1957 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		



07182005 No Chg-P CR2E034 (10/03)

4. FEI Number 59-2662020	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired ☐ **\$8.75** Additional
Fee Required

UN0000373879
07/21/05-80002-024 150.00

**DO NOT WRITE
IN THIS SPACE**