

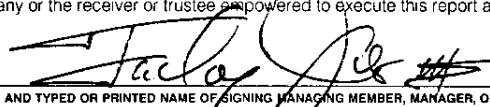


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jul 06, 2004 8:00 am
Secretary of State

07-06-2004 90153 046 *****50.00

DOCUMENT # L01000005926 1. Entity Name FIRST COAST HEALTHCARE CONSULTANTS LLC					
Principal Place of Business 8745 HAMPSHIRE GLEN DR. S. JACKSONVILLE, FL 32256			Mailing Address 8745 HAMPSHIRE GLEN DR. S. JACKSONVILLE, FL 32256		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
4. FEI Number NOT APPLICABLE				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required				07022004 Chg-LLC CR2E083 (10/03)	
6. Name and Address of Current Registered Agent WILLIAMS, GRADY H JR. 1279 KINGSLEY AVENUE, SUITE 117 ORANGE PARK, FL 32073				7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ FL Zip Code _____	
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) DATE</small>					
Filing Fee is \$50.00 Due by September 8, 2004			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS				10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM JONES, TUDOR 8745 HAMPSHIRE GLEN DR. S. JACKSONVILLE, FL 32256			<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM COFFMAN, MARGARET 671 FREDERIC DRIVE GREEN COVE SPRINGS, FL 32043			<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BEARSS, ROLLINET W 671 FREDERIC DRIVE GREEN COVE SPRINGS, FL 32043			<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BEARSS, ROLLINET W. 671 FREDERIC DRIVE GREEN COVE SPRINGS, FL 32043			<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition (Name misspelled)	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM COFFMAN, MARGARET 671 FREDERIC DRIVE GREEN COVE SPRINGS, FL 32043			<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM JONES, TUDOR 8745 HAMPSHIRE GLEN DR. S. JACKSONVILLE, FL 32256			<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BEARSS, ROLLINET W. 671 FREDERIC DRIVE GREEN COVE SPRINGS, FL 32043			<input type="checkbox"/> Delete	
11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.					
SIGNATURE: 				Date 7-2-04 Daytime Phone # 904-264-7570	