2003 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 26, 2003
Secretary of State

DOCUMENT# L01000005926

Entity Name: FIRST COAST HEALTHCARE CONSULTANTS LLC

Current Principal Place of Business:

8745 HAMPSHIRE GLEN DR. S.
JACKSONVILLE, FL 32256

New Principal Place of Business:

Current Mailing Address:

8745 HAMPSHIRE GLEN DR. S.
JACKSONVILLE, FL 32256

New Mailing Address:

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

WILLIAMS, GRADY H JR.
1279 KINGSLEY AVENUE, SUITE 117
ORANGE PARK, FL 32073 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

MANAGING MEMBERS/MEMBERS:

Title:	MGRM	( ) Delete
Name:	JONES, TUDOR	
Address:	8745 HAMPSHIRE GLEN DR. S.	
City-St-Zip:	JACKSONVILLE, FL 32256	
Title:	MGRM	( ) Delete
Name:	COFFMAN, MARGARET	
Address:	671 FREDERIC DRIVE	
City-St-Zip:	GREEN COVE SPRINGS, FL 32043	
Title:	MGRM	( ) Delete
Name:	BEARSS, ROLLINET W	
Address:	671 FREDERIC DRIVE	
City-St-Zip:	GREEN COVE SPRINGS, FL 32043	

ADDITIONS/CHANGES:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: TUDOR JONES MGRM 04/26/2003

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date