## 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N0000006058

FILED Feb 26, 2004 Secretary of State

Entity Name: FIRST COAST MANAGEMENT SERVICES, INC.

| Current Principal Place of Business:   |   |          |                         | New Principal                               | New Principal Place of Business:             |  |  |
|--|---|----------|-------------------------|---|--|--|--|
| 301 JUSTIC<br>BUNNELL,   |   |          |                         |   |  |  |  |
| Current Mailing Address:   |   |          |                         | New Mailing A                               | New Mailing Address:                         |  |  |
|  | R BAY ROAD<br>BEACH, FL 32                                  | 2124     | US                      |   |  |  |  |
| FEI Number:  | 59-3750072  | FEI Nu   | mber Applied For()      | FEI Number Not Applicable                   | e() Certificate of Status Desired()          |  |  |
| Name and   | Address of C  | urrent l | Registered Agent:       | Name and Add                                | ress of New Registered Agent:                |  |  |
| HOOD, DAVID 444 SEABREEZE SUITE 900 DAYTONA BEACH, FL 32118 US  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. |   |          |                         |   |  |  |  |
| SIGNATUR   | E:  |          |                         |   |  |  |  |
|  |   | ic Signa | ture of Registered Ager | nt  | Date   |  |  |
| OFFICERS AND DIRECTORS:  |   |          |                         | ADDITIONS/CI                                | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: |  |  |
| Title:<br>Name:<br>Address:<br>City-St-Zip:  | DR. ( )<br>MYRA, MIDDLET<br>27 MONTAUK LA<br>PALM COAST, F  | ANE      | ı                       | Title:<br>Name:<br>Address:<br>City-St-Zip: | ( ) Change ( ) Addition                      |  |  |
| Title:<br>Name:<br>Address:<br>City-St-Zip:  | MR. ()<br>SERBOUSK, TE<br>PO BOX 751<br>DAYTONA BEAC        |          |                         | Title:<br>Name:<br>Address:<br>City-St-Zip: | ( ) Change ( ) Addition                      |  |  |
| Title:<br>Name:<br>Address:<br>City-St-Zip:  | DR. ()<br>KENNEDY, YVO<br>PO BOX 1020<br>FERNANDINA BI      |          |                         | Title:<br>Name:<br>Address:<br>City-St-Zip: | ( ) Change ( ) Addition                      |  |  |
| Title:<br>Name:<br>Address:<br>City-St-Zip:  | DR. ()<br>CANTLEY, ERNE<br>138 WYNNFIELI<br>PALM COAST, F   | D DRIVE  |                         | Title:<br>Name:<br>Address:<br>City-St-Zip: | ( ) Change ( ) Addition                      |  |  |
| Title:<br>Name:<br>Address:<br>City-St-Zip:  | MR. ()<br>DIAZ, PHILLIP M<br>1132 RIO ST JO<br>JACKSONVILLE | HNS DRI  |                         | Title:<br>Name:<br>Address:<br>City-St-Zip: | ( ) Change ( ) Addition                      |  |  |
| Title:<br>Name:<br>Address:<br>City-St-Zip:  | DR. ( )<br>GOLD, MARK M<br>100 NEWELL RO<br>GAINESVILLE, F  | OAD - RC |                         | Title:<br>Name:<br>Address:<br>City-St-Zip: | ()Change ()Addition                          |  |  |

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 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: TED SERBOUSK CHAI 02/26/2004