


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 13, 2004 8:00 am
Secretary of State

04-13-2004 90013 033 *****70.00

DOCUMENT # N03000006885	
1. Entity Name THE FIRST COAST HEALTH CONSORTIUM, INC.	

Principal Place of Business POST OFFICE BOX 8334 JACKSONVILLE, FL 32239	Mailing Address POST OFFICE BOX 8334 JACKSONVILLE, FL 32239
---	---

54032418

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



03092004 Chg-NP CR2E037 (10/03)

4. FEI Number 45-0521240		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent
D. RENEE POLLARD 7641 RAIN FOREST DRIVE NORTH JACKSONVILLE, FL 32277		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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$61.25 Due by May 1, 2004	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make check payable to Florida Department of State
---	--	--

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D D. RENEE POLLARD POST OFFICE BOX 8334 JACKSONVILLE, FL 32239 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HILL, ANTHONY C SR. 5600 NEW KINGS ROAD #1 JACKSONVILLE, FL 32209 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D AUSTIN, JANICE 7737 LUEDERS AVENUE JACKSONVILLE, FL 32208 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JENKINS, TONY 4800 DEERWOOD CAMPUS PARKWAY #DCC 1-4 JACKSONVILLE, FL 32246 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BROWN, BETTY 10830 LYDIA ESTATES DRIVE E JACKSONVILLE, FL 32218 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MEANS, ELIZABETH 655 WEST EIGHTH STREET JACKSONVILLE, FL 32209 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 617, 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 *D. Renee Pollard* **D. Renee Pollard** **3/25/04** **(904) 743-8633**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #