

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000006885

FILED
Apr 01, 2006
Secretary of State

Entity Name: THE FIRST COAST HEALTH CONSORTIUM, INC.

Current Principal Place of Business:

POST OFFICE BOX 8334
JACKSONVILLE, FL 32239

New Principal Place of Business:

Current Mailing Address:

POST OFFICE BOX 8334
JACKSONVILLE, FL 32239

New Mailing Address:

FEI Number: 45-0521240

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

D. RENEE POLLARD
7641 RAIN FOREST DRIVE NORTH
JACKSONVILLE, FL 32277 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

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: D. RENEE POLLARD,
Address: POST OFFICE BOX 8334
City-St-Zip: JACKSONVILLE, FL 32239

Title: D () Delete
Name: HILL, ANTHONY C SR.
Address: 5600 NEW KINGS ROAD #1
City-St-Zip: JACKSONVILLE, FL 32209

Title: D () Delete
Name: AUSTIN, JANICE
Address: 7737 LUEDERS AVENUE
City-St-Zip: JACKSONVILLE, FL 32208

Title: D () Delete
Name: JENKINS, TONY
Address: 4800 DEERWOOD CAMPUS PARKWAY #DCC 1-4
City-St-Zip: JACKSONVILLE, FL 32246

Title: D () Delete
Name: BROWN, BETTY
Address: 10830 LYDIA ESTATES DRIVE E
City-St-Zip: JACKSONVILLE, FL 32218

Title: D () Delete
Name: MEANS, ELIZABETH
Address: 655 WEST EIGHTH STREET
City-St-Zip: JACKSONVILLE, FL 32209

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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 Chapter 119, 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: D. RENEE POLLARD

D

04/01/2006

Electronic Signature of Signing Officer or Director

Date