2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N13000009753

Entity Name: FIRST COAST CHAPTER OF ACHMM, INC.

FILED Feb 28, 2009 Secretary of State

Current Principal Place of Business:				New Principal Place of Business:			
	IEADOWS RO	DAD					
SUITE 400 JACKSON\	/ILLE, FL 322	256					
Current Mailing Address:				New Mailing Address:			
9428 BAYMEADOWS ROAD SUITE 400 JACKSONVILLE, FL 32256							
FEI Number:	76-0713983	FEI Number Applied For ()	FEI Nun	nber Not Appli	icable ()	Certificat	e of Status Desired ()
Name and Address of Current Registered Agent:				Name and Address of New Registered Agent:			
BLEVINS, KIRK A 9428 BAYMEADOWS ROAD				HENDEL, JEFFREY R 9428 BAYMEADOWS ROAD 400			
400 JACKSONVILLE, FL 32256 US				JACKSONVILLE, FL 32256 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.							
SIGNATURE: JEFFREY R. HENDEL				02/28/2009			
Electronic Signature of Registered Agent Date							Date
Election Cam	paign Financing	g Trust Fund Contribution ().					
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Title: Name: Address: City-St-Zip:	DIR () CARWELL, GLI 5011 TAYLOR (JACKSONVILLI	CREEK DRIVE		Title: Name: Address: City-St-Zip:		() Change () Addition
Title: Name: Address: City-St-Zip:	YOUNG, GARY	AL SPRINGS ROAD		Title: Name: Address: City-St-Zip:		(X) Change(IRK A EADOWS RD, ILLE, FL 3225	SUITE 400
Title: Name: Address: City-St-Zip:	BULLOCK, CAF	HIGHWAY, ST 400		Title: Name: Address: City-St-Zip:		() Change() Addition
Title: Name: Address: City-St-Zip:	BLEVINS, KIRK	DOWS ROAD, ST 400		Title: Name: Address: City-St-Zip:	PD WALSH, GR PO BOX 10 ORANGE PA		·
Title: Name: Address: City-St-Zip:	VPD () GREG, WALSH PO BOX 1017 ORANGE PARK			Title: Name: Address: City-St-Zip:		(X) Change() DLNSHIRE RD ILLE, FL 3221	W.
Title: Name: Address: City-St-Zip:	TD () REYNOLDS, BI BOX 30, CODE JACKSONVILLI	330		Title: Name: Address: City-St-Zip:	TD HENDEL, JE 405 TORTO ST JOHNS,	ISE TRACE) Addition

I hereby certify that the information supplied with this filing does not qualify 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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JEFFREY R. HENDEL TD 02/28/2009