

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.  
AMOUNT DUE ON OR BEFORE 09/15/99: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
**Aug 03, 1999 8:00 am**  
**Secretary of State**

08-03-1999 90007 048 \*\*\*\*61.25

**DOCUMENT # N94000002824**

1. Corporation Name

**FIRST COAST IPA, INC.**

Principal Place of Business

111 RIVERSIDE AVE  
STE 120  
JACKSONVILLE FL 32202  
US

Mailing Address

111 RIVERSIDE AVE  
STE 120  
JACKSONVILLE FL 32202  
US



2. Principal Place of Business

2a. Mailing Address

21 **8131 Baymeadows Circle W**  
Suite, Apt. #, etc. **Ste. 200**

26 **8131 Baymeadows Cir. W**  
Suite, Apt. #, etc. **Suite 200**

22 **Jacksonville FL 32256**  
City & State

27 **Suite 200**  
City & State

23 **32**  
Zip

28 **Jacksonville FL**  
City & State

24 **USA**  
Country

29 **32256** 30 **USA**  
Zip Country

3. Date Incorporated or Qualified

**06/07/1994**

4. FEI Number  
**59-3329490**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution ☐

**\$5.00** May Be  
Added to Fees

9. Name and Address of Current Registered Agent

**WOOD, VENESSA**  
**111 RIVERSIDE AVE**  
**SUITE 120**  
**JACKSONVILLE FL 32202**

10. Name and Address of New Registered Agent

81 Name **RICHARD GLOCK, M.D.**  
82 Street Address (P.O. Box Number is Not Acceptable)  
**4555 EMERSON EXPRESSWAY #300**  
83 **JAY FL 32207**  
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE *Richard Glock*  
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE
PD	GLOCK, RICHARD M.D	111 RIVERSIDE AVE STE 120	JACKSONVILLE FL	<input type="checkbox"/>
VPD	SILBAR, RAYMOND M.D	111 RIVERSIDE AVE STE 120	JACKSONVILLE FL	<input type="checkbox"/>
D	CARRIERE, WILLIAM M.D	111 RIVERSIDE AVE., #120	JACKSONVILLE FL	<input type="checkbox"/>
D	SESSIONS, HERMAN M.D	111 RIVERSIDE AVE., SUITE 120	JACKSONVILLE FL	<input type="checkbox"/>
D	PATTISON, JOSEPH M.D	111 RIVERSIDE AVE., SUITE 120	JACKSONVILLE FL	<input checked="" type="checkbox"/>
D	TWIGGS, DONALD M.D	111 RIVERSIDE AVE., SUITE 120	JACKSONVILLE FL	<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP	Change	Addition
GLOCK, RICHARD M.D.	4555 EMERSON EXPRESSWAY #300	JAY FL 32207		<input type="checkbox"/>	<input type="checkbox"/>
2.1 TITLE	2.2 NAME	2.3 STREET ADDRESS	2.4 CITY-ST-ZIP	Change	Addition
3.1 TITLE	3.2 NAME	3.3 STREET ADDRESS	3.4 CITY-ST-ZIP	Change	Addition
4.1 TITLE	4.2 NAME	4.3 STREET ADDRESS	4.4 CITY-ST-ZIP	Change	Addition
5.1 TITLE	5.2 NAME	5.3 STREET ADDRESS	5.4 CITY-ST-ZIP	Change	Addition
6.1 TITLE	6.2 NAME	6.3 STREET ADDRESS	6.4 CITY-ST-ZIP	Change	Addition

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Richard Glock* SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (5/99)