2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 14, 2005 8:00 am
Secretary of State
04-14-2005 90089 008 ***150.00

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1. Entity Name
FIRST COAST CARDIOVASCULAR INSTITUTE, P.A.

Principal Place of Business	Mailing Address
3900 ~~3627~~ UNIVERSITY BOULEVARD SOUTH ~~STE 615~~ JACKSONVILLE, FL 32216	3900 ~~3627~~ UNIVERSITY BOULEVARD SOUTH, ~~STE 615~~ JACKSONVILLE, FL 32216
2. Principal Place of Business	3. Mailing Address
First Coast Cardiovascular Institute, P.A. 3900 University Blvd., South Jacksonville, FL 32216	First Coast Cardiovascular Institute, P.A. 3900 University Blvd., South Jacksonville, FL 32216

Suite, Apt. #, etc. / City & State / Zip / Country

04082005 Chg-P CR2E034 (10/03)

4. FEI Number: 47-0854466 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
ASHCHI, MAJDI 9929 ORCHARD HILLS RD JACKSONVILLE, FL 32256	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 ____________________ (Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2005 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PR	☐ Delete
NAME	ASHCHI, MAJDI	
STREET ADDRESS	3627 UNIVERSITY BLVD S STE 615	
CITY-ST-ZIP	JACKSONVILLE, FL 32216	
TITLE	VP	☐ Delete
NAME	YAZAN, KHATIB D	
STREET ADDRESS	3629 UNIVERSITY BLVD S STE 615	
CITY-ST-ZIP	JACKSONVILLE, FL 32216	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
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CITY-ST-ZIP		
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CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 607, 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: MAJDi Ashchi 4/13/05 (904)493-3333
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #