## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P02000032578

Feb 15, 2008 Secretary of State

**FILED** 

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

**Current Principal Place of Business: New Principal Place of Business:** 3900 UNIVERSITY BOULEVARD SOUTH JACKSONVILLE, FL 32216 **Current Mailing Address: New Mailing Address:** 3900 UNIVERSITY BOULEVARD SOUTH JACKSONVILLE, FL 32216 FEI Number: 47-0854466 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: ASHCHI, MAJDI 3900 UNIVERSITY BLVD. SOUTH JACKSONVILLE, FL 32216 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 Election Campaign Financing Trust Fund Contribution ( ). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: ( ) Delete () Change () Addition ASHCHI, MAJDI D.O. Name: Name: 3900 UNIVERSITY BLVD.SOUTH Address: Address: City-St-Zip: JACKSONVILLE, FL 32216 City-St-Zip: Title: () Delete Title: () Change () Addition Name: YAZAN, KHATIB D M.D. Name: 3900 UNIVERSITY BLVD SOUTH Address: Address: JACKSONVILLE, FL 32216 City-St-Zip: City-St-Zip:

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: MAJDI ASHCHI P 02/15/2008