

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000040629

FILED
Jun 30, 2005
Secretary of State

Entity Name: FIRST COAST SURGICAL, P.A.

Current Principal Place of Business:

1340 SOUTH 18TH STREET
FERNANDINA BEACH, FL 32034

New Principal Place of Business:

1340 SOUTH 18TH STREET
SUITE 101
FERNANDINA BEACH, FL 32034

Current Mailing Address:

1340 SOUTH 18TH STREET
FERNANDINA BEACH, FL 32034

New Mailing Address:

1340 SOUTH 18TH STREET
SUITE 101
FERNANDINA BEACH, FL 32034

FEI Number: 56-2343652

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NIELAND, CHESTER
1340 SOUTH 18TH STREET
FERNANDINA BEACH, FL 32034 US

Name and Address of New Registered Agent:

NIELAND, CHESTER
1340 SOUTH 18TH STREET
SUITE 101
FERNANDINA BEACH, FL 32034 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:

06/30/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: NIELAND, CHESTER
Address: 1340 SOUTH 18TH STREET
City-St-Zip: FERNANDINA BEACH, FL 32034

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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 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 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: CHESTER NIELAND

D

06/30/2005

Electronic Signature of Signing Officer or Director

Date