

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000148507

FILED  
Apr 27, 2008  
Secretary of State

Entity Name: FIRST COAST INTERNAL MEDICINE, P.A.

## Current Principal Place of Business:

2691 ISABELLA BLVD.  
JACKSONVILLE BEACH, FL 32250

## New Principal Place of Business:

572 JACKSONVILLE DRIVE  
JACKSONVILLE BEACH, FL 32250

## Current Mailing Address:

2691 ISABELLA BLVD.  
JACKSONVILLE BEACH, FL 32250

## New Mailing Address:

572 JACKSONVILLE DRIVE  
JACKSONVILLE BEACH, FL 32250

FEI Number: 20-3757679

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

MINCEY, BETTY A MD  
2691 ISABELLA BLVD.  
JACKSONVILLE BEACH, FL 32250 US

## Name and Address of New Registered Agent:

MINCEY, BETTY A MD  
2691 ISABELLA BOULEVARD  
JACKSONVILLE BEACH, FL 32250 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:

04/27/2008

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: SHAR ( ) Delete  
Name: MINCEY, BETTY A  
Address: 2691 ISABELLA BLVD.  
City-St-Zip: JACKSONVILLE BEACH, FL 32250 FL

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: SHAR (X) Change ( ) Addition  
Name: MINCEY, BETTY A MD  
Address: 2691 ISABELLA BOULEVARD  
City-St-Zip: JACKSONVILLE BEACH, FL 32250 FL

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: BETTY ANNE MINCEY

SHAR

04/27/2008

Electronic Signature of Signing Officer or Director

Date