

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000067929

FILED
Apr 29, 2008
Secretary of State

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

Current Principal Place of Business:

225 WATER STREET, SUITE 1800
JACKSONVILLE, FL 32202

New Principal Place of Business:

Current Mailing Address:

225 WATER STREET, SUITE 1800
JACKSONVILLE, FL 32202

New Mailing Address:

FEI Number: 20-4862099

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SMITH HULSEY & BUSEY, PROFESSIONAL ASSOCIA
225 WATER STREET, SUITE 1800
JACKSONVILLE, FL 32202 US

Name and Address of New Registered Agent:

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:

Title: PST () Delete
Name: HASHEY, TERRY D D.O.
Address: 225 WATER STREET, SUITE 1800
City-St-Zip: JACKSONVILLE, FL 32202

Title: VP () Delete
Name: HASHEY, NATALIE D D.V.M.
Address: 225 WATER STREET, SUITE 1800
City-St-Zip: JACKSONVILLE, FL 32202

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
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: TERRY D. HASHEY, D.O.

PST

04/29/2008

Electronic Signature of Signing Officer or Director

Date