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Secretary of State
03-27-2008 90031 050 ***150.00

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P07000022428

1. Entity Name
FIRST COAST PRIMARY CARE, INC.

66007373

03072008 Chg-P CR2E034 (12/06)

Principal Place of Business	Mailing Address
1801 BARRS STREET SUITE 615 JACKSONVILLE, FL 32204	1801 BARRS STREET SUITE 615 JACKSONVILLE, FL 32204
2. Principal Place of Business - No P.O. Box #: 1 Shircliff Way	3. Mailing Address c/o Laurie Teppert: 2 Shircliff Way
Suite, Apt. #, etc.	Suite, Apt. #, etc.: Suite 600
City & State: Jacksonville FL	City & State: Jacksonville, FL
Zip: 32204 Country: US	Zip: 32204 Country: US

4. FEI Number: 20-5746243 ☐ 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
TEPPERT, LAURIE 1801 BARRS STREET SUITE 615 JACKSONVILLE, FL 32204	Name: Laurie Teppert Street Address (P.O. Box Number is Not Acceptable): 2 Shircliff Way Suite 600 City: Jacksonville FL Zip Code: 32204

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: Laurie Teppert 3/11/08
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, 2008 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P WHALEN, SCOTT PH.D 1801 BARRS STREET JACKSONVILLE, FL 32204	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST HILLIARD, MICHELE 1800 BARRS STREET JACKSONVILLE, FL 32204	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: Scott Whalen
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #