

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000022428

FILED
Apr 22, 2009
Secretary of State

Entity Name: FIRST COAST PRIMARY CARE, INC.

Current Principal Place of Business:

1 SHEFFI WAY
JACKSONVILLE, FL 32204

New Principal Place of Business:

1 SHIRCLIFF WAY
JACKSONVILLE, FL 32204

Current Mailing Address:

1 SHEFFI WAY
SUITE 615
JACKSONVILLE, FL 32204

New Mailing Address:

2 SHIRCLIFF WAY
SUITE 600
JACKSONVILLE, FL 32204

FEI Number: 20-5746243

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

TEPPART, LAURIE
2 SHIREFF WAY
STE. 600
JACKSONVILLE, FL 32204 US

Name and Address of New Registered Agent:

TEPPERT, LAURIE
2 SHIRCLIFF WAY
STE 600
JACKSONVILLE, FL 32204 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: LAURIE TEPPERT

04/22/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: WHALEN, SCOTT PH.D
Address: 1801 BARRS STREET
City-St-Zip: JACKSONVILLE, FL 32204

Title: ST () Delete
Name: HILLIARD, MICHELE
Address: 1800 BARRS STREET
City-St-Zip: JACKSONVILLE, FL 32204

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: WHALEN, SCOTT PH.D
Address: 1 SHIRCLIFF WAY
City-St-Zip: JACKSONVILLE, FL 32204

Title: ST (X) Change () Addition
Name: HILLIARD, MICHELE
Address: 1 SHIRCLIFF WAY
City-St-Zip: JACKSONVILLE, FL 32204

Title: D () Change (X) Addition
Name: CAIN, ROGERS MD
Address: 1 SHIRCLIFF WAY
City-St-Zip: JACKSONVILLE, FL 32204

Title: D () Change (X) Addition
Name: SHARPE, MICHAEL MD
Address: 1 SHIRCLIFF WAY
City-St-Zip: JACKSONVILLE, FL 32204

Title: D () Change (X) Addition
Name: ZOLLER, MARK MD
Address: 1 SHIRCLIFF WAY
City-St-Zip: JACKSONVILLE, FL 32204

Title: D () Change (X) Addition
Name: ASTON, KRISTI MD
Address: 1 SHIRCLIFF WAY
City-St-Zip: JACKSONVILLE, FL 32204

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: LAURIE TEPPERT

RA

04/22/2009

Electronic Signature of Signing Officer or Director

Date