

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000022428

FILED  
Apr 09, 2010  
Secretary of State

**Entity Name:** FIRST COAST PRIMARY CARE, INC.

**Current Principal Place of Business:**

1 SHIRCLIFF WAY  
JACKSONVILLE, FL 32204

**New Principal Place of Business:**

**Current Mailing Address:**

2 SHIRCLIFF WAY  
SUITE 600  
JACKSONVILLE, FL 32204

**New Mailing Address:**

**FEI Number:** 20-5746243

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

TEPPERT, LAURIE  
2 SHIRCLIFF WAY  
STE 600  
JACKSONVILLE, FL 32204 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:** P  
**Name:** CHISHOLM, MOODY  
**Address:** 1 SHIRCLIFF WAY  
**City-St-Zip:** JACKSONVILLE, FL 32204

**Title:** ST  
**Name:** TEPPERT, LAURIE  
**Address:** 2 SHIRCLIFF WAY, STE 600  
**City-St-Zip:** JACKSONVILLE, FL 32204

**Title:** D  
**Name:** CAIN, ROGERS MD  
**Address:** 1 SHIRCLIFF WAY  
**City-St-Zip:** JACKSONVILLE, FL 32204

**Title:** D  
**Name:** SHARPE, MICHAEL MD  
**Address:** 1 SHIRCLIFF WAY  
**City-St-Zip:** JACKSONVILLE, FL 32204

**Title:** D  
**Name:** ZOLLER, MARK MD  
**Address:** 1 SHIRCLIFF WAY  
**City-St-Zip:** JACKSONVILLE, FL 32204

**Title:** D  
**Name:** ASTON, KRISTI MD  
**Address:** 1 SHIRCLIFF WAY  
**City-St-Zip:** JACKSONVILLE, FL 32204

I hereby 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 all other like empowered.

**SIGNATURE:** LAURIE TEPPERT

ST

04/09/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date