

2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000022428

FILED
Apr 30, 2012
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:

DEBARDELEBEN, JON P
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: JON P. DEBARDELEBEN

04/30/2012

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P
Name: CHISHOLM, MOODY
Address: 1 SHIRCLIFF WAY
City-St-Zip: JACKSONVILLE, FL 32204

Title: VP
Name: DARNELL, KAREN
Address: 1 SHIRCLIFF WAY
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: FLYNN, RICHARD 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: JON P. DEBARDELEBEN

RA

04/30/2012

Electronic Signature of Signing Officer or Director

Date