FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
95 APR 26 PM 1:24
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P94000011447 (7)**

1. Corporation Name
FIRST COAST MEDICAL, INC.

Principal Place of Business	Mailing Address
720 NORTH OCEAN STREET JACKSONVILLE FL 32202	720 NORTH OCEAN STREET JACKSONVILLE FL 32202

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 02/07/1994
3a. Date of Last Report: 02/07/95

2. Principal Place of Business	2a. Mailing Address
21 868 Blanding Blvd	26 868 Blanding Blvd
Suite, Apt. #, etc. 22 103	Suite, Apt. #, etc. 27 103
City & State 23 Orange Park, FL	City & State 28 Orange Park, FL
Zip / 24 32065 / Country / 25 Clay	Zip / 29 32065 / Country / 30 Clay

4. FEI Number: 59-3226269 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

RILEY, H P
720 NORTH OCEAN STREET
JACKSONVILLE FL 32202

10. Name and Address of New Registered Agent

81 Name: Charles L. Strickland
82 Street Address (P.O. Box Number is Not Acceptable): 868 Blanding Blvd #103
83 Ste #103
84 City: Orange Park FL 85 Zip Code: 32065

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: X Charles Leland Strickland — 04/18/95
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) — DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	☐ Change ☐ Addition
NAME	STRICKLAND, CHARLES L	1.2 NAME	
STREET ADDRESS	3473 COUTY ROAD 215	1.3 STREET ADDRESS	
CITY-ST-ZIP	MIDDLEBURG FL 32068	1.4 CITY-ST-ZIP	
TITLE	VS	2.1 TITLE	☐ Change ☐ Addition
NAME	STRICKLAND, CAROL J	2.2 NAME	
STREET ADDRESS	3473 COUTY ROAD 215	2.3 STREET ADDRESS	
CITY-ST-ZIP	MIDDLEBURG FL 32068	2.4 CITY-ST-ZIP	
TITLE	VT	3.1 TITLE	☐ Change ☐ Addition
NAME	STRICKLAND, LEROY	3.2 NAME	
STREET ADDRESS	12747 SHINNECOCK WAY	3.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL 32225	3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: X Charles Leland Strickland — 04/18/95 — 904-276-7696
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0014163 CP