

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # P94000011447 (7)

1. Corporation Name

FIRST COAST MEDICAL, INC.

Principal Place of Business

869 BLANDING BLVD  
STE 103  
ORANGE PARK FL 32065  
US

Mailing Address

868 BLANDING BLVD  
SUITE 103  
ORANGE PARK FL 32065  
US



2. Principal Place of Business

2a. Mailing Address

21 868 BLANDING BLVD

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 STE 103

27

City & State

City & State

23 ORANGE PARK, FL

28

Zip

Country

Zip

Country

24 32065

25 CLAY

29

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

02/07/1994

3a. Date of Last Report

04/26/1995

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

10. Name and Address of New Registered Agent

STRICKLAND, CHARLES L  
868 BLANDING BLVD #103  
STE 103  
ORANGE PARK FL 32065

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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 607.0506, Florida Statutes.

SIGNATURE

Charles Leland Strickland

Signature, typed or printed name of registered agent or director (applicable)

(NOTE: Registered Agent signature required when not in state)

4-5-96

DATE

12. OFFICERS AND DIRECTORS

☐ DELETE

TITLE  
NAME

PD  
STRICKLAND, CHARLES L  
3473 COUTY ROAD 215  
MIDDLEBURG FL 32068

TITLE  
NAME

VS  
STRICKLAND, CAROL J  
3473 COUTY ROAD 215  
MIDDLEBURG FL 32068

TITLE  
NAME

VT  
STRICKLAND, LEROY  
12747 SHINNECOCK WAY  
JACKSONVILLE FL 32225

TITLE  
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13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change

☐ Addition

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

☐ Change

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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)(k), 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:

Charles Leland Strickland

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-5-96

DATE

TELEPHONE #

CR2E034 (12/95)