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Secretary of State

PROFIT CORPORATION ANNUAL REPORT

1997

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
868 BLANDING BLVD
SUITE 103
ORANGE PARK FL 32065
US

Mailing Address
868 BLANDING BLVD
SUITE 103
ORANGE PARK FL 32065-6266
US

3. Date Incorporated or Qualified: **02/07/1994**
3a. Date of Last Report: **04/09/1996**

2. Principal Place of Business
21
State, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

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

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

10. Name and Address of New Registered Agent

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 607.0505, Florida Statutes.

SIGNATURE: Charles L. Strickland Charles L. Strickland 3/18/97
(NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	☐ DELETE	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	☐ DELETE	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	☐ DELETE	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		☐ DELETE	4.1 TITLE ☐ Change ☐ Addition
NAME			4.2 NAME
STREET ADDRESS			4.3 STREET ADDRESS
CITY-ST-ZIP			4.4 CITY-ST-ZIP
TITLE		☐ DELETE	5.1 TITLE ☐ Change ☐ Addition
NAME			5.2 NAME
STREET ADDRESS			5.3 STREET ADDRESS
CITY-ST-ZIP			5.4 CITY-ST-ZIP
TITLE		☐ DELETE	6.1 TITLE ☐ Change ☐ Addition
NAME			6.2 NAME
STREET ADDRESS			6.3 STREET ADDRESS
CITY-ST-ZIP			6.4 CITY-ST-ZIP

CR2E034 (9/96)

14. I hereby certify that the information supplied with this filing 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: Charles L. Strickland Charles L. Strickland 3/18/97 (904) 276-7696
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0014000