

2000 UNIFORM BUSINESS REPORT (UBR)**FILED****Mar 03, 2000 8:00 am**
Secretary of State

03-03-2000 90211 048 ***150.00

DOCUMENT # P94000011447

1. Entity Name

FIRST COAST MEDICAL, INC.

Principal Place of Business

Mailing Address

**868 BLANDING BLVD
SUITE 103
ORANGE PARK FL 32065
US****868 BLANDING BLVD
SUITE 103
ORANGE PARK FL 32065-6286
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3226269

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

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

City

FL

Zip Code

8. 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back)**FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State**10. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input type="checkbox"/> Delete
NAME	STRICKLAND, CHARLES L	
STREET ADDRESS	3473 COUTY ROAD 215	
CITY-ST-ZIP	MIDDLEBURG FL 32068	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	VS	<input type="checkbox"/> Delete
NAME	STRICKLAND, CAROL J	
STREET ADDRESS	3473 COUTY ROAD 215	
CITY-ST-ZIP	MIDDLEBURG FL 32068	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	VT	<input type="checkbox"/> Delete
NAME	STRICKLAND, LEROY	
STREET ADDRESS	12747 SHINNECOCK WAY	
CITY-ST-ZIP	JACKSONVILLE FL 32225	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/28/2000 9042767696

CR2E034 (9/99)