


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Jan 15, 2004 08:00 AM -
Secretary of State**

DOCUMENT # P94000011447 1. Entity Name FIRST COAST MEDICAL, INC.	
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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 US
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DO NOT WRITE IN THIS SPACE



01062004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-3226269	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

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

**DO NOT WRITE
IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE C. Leland Strickland C. Leland Strickland 1/13/04 904 276 7696
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD STRICKLAND, CHARLES L 3473 COUTY ROAD 215 MIDDLEBURG, FL 32068
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS STRICKLAND, CAROL J 3473 COUTY ROAD 215 MIDDLEBURG, FL 32068
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VT STRICKLAND, LEROY 13942 TIFFANT PINES CR S JACKSONVILLE, FL 32225
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: C. Leland Strickland C. Leland Strickland 1-13-04 904 276 7696
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #