2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000023387

City-St-Zip:

JACKSONVILLE, FL 32206

Entity Name: FIRST COAST MEDICAL CENTER INC

FILED Mar 30, 2009 Secretary of State

Entity Name: FIRST COAST MEDICAL CENTER, INC.					
Current Principal Place of Business:			New Principal Place	New Principal Place of Business:	
4211 PEAR JACKSON\	RL STREET VILLE, FL 322	206			
Current Mailing Address:			New Mailing Address	New Mailing Address:	
4211 PEARL STREET JACKSONVILLE, FL 32206			SUITE 103	13453 N. MAIN STREET SUITE 103 JACKSONVILLE, FL 32218	
FEI Number:	59-3433709	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and	Address of (Current Registered Agent:	Name and Address o	Name and Address of New Registered Agent:	
SUITE 230 ⁻ JACKSON\	PENDENT DI 1 VILLE, FL 322	202 US	rnose of changing its registere	d office or registered agent, or both,	
in the State		submits this statement for the pu	rpose of changing its registere	d office of registered agent, or both,	
SIGNATUR					
Electronic Signature of Registered Agent			t	Date	
Election Cam	npaign Financin	g Trust Fund Contribution ().			
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGI	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	DP (CARTER, GRA 4211 PEARL S JACKSONVILL	TREET	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	ST (CARTRETT, DI 4211 PEARL S JAX, FL 32206	π	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address:	VP (CARTRETT, DI 4211 PEARL S		Title: Name: Address:	() Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

City-St-Zip:

SIGNATURE: DIANE L. CARTRETT VP 03/30/2009