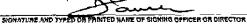
## 2006 FOR PROFIT CORPORATION

## Mar 09, 2006 08:00 AM **ANNUAL REPORT Secretary of State DOCUMENT # P99000029184** 1. Entity Name FIRST COAST LTC, INC. Principal Place of Business Mailing Address 2140 KINGSLEY AVE 2140 KINGSLEY AVE SUITE 1 SUITE 1 ORANGE PARK, FL 32073 ORANGE PARK, FL 32073 02282006 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied Far 59-3567314 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Regulred 5. Name and Address of Current Registered Agent AKEL, EDWARD C DO NOT WRITE 1 INDEPENDENT DRIVE **SUITE 2301** IN THIS SPACE JACKSONVILLE, FL 32202 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. Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 03/21/06-80035-019 150.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. Title SAMARA, DAVID J NAME STREET ADDRESS 2140 KINGSLEY AVE SUITE 1 CITY-ST-ZIP ORANGE PARK, FL 32073 3333 STREET ADDRESS CAY-ST-ZIP NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITE F IN THIS SPACE

12. I hereby certify that the information supplied with this lifting does not qualify for the exemptions contained 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 signature shall have the same legal effect as it made under cath, 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 to changed, or on an attachment with an address, with all other like empowered.

2	1	N	Δ٦	Fi		E:
-	•	11.	_		ırı	

NAME STREET ADDRESS CSTY-SI-ZIP TITLE NAME STREET ADDRESS C)1Y-S1-Z)? RICE NAME STREET ADDRESS City-St-ZiP



3-2-06

904 272 7580

FILED