

FILED
Apr 13, 2007 08:00 A
Secretary of State

1. Entity Name
FIRST COAST DIAGNOSTICS, INC.



1540 KINGSLEY AVE
ORANGE PARK, FL 32073

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ORANGE PARK, FL 32073

DO NOT WRITE IN THIS SPACE



02192007 No Chg-P CR2E034 (11/05)

4. FEI Number
59-3567555

Applied For
Not Applicable

5. Certificate of Status Desired

☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

HOPPER, DENISE M
35199 WELCOME LANE
CALLAHAN, FL 32011

**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

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, 2007 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	ROBINSON, GEORGE I JR.
STREET ADDRESS	1487 MALLARD LAKE AVE
CITY-ST-ZIP	JACKSONVILLE, FL 32259

TITLE	ST
NAME	HOPPER, DENISE
STREET ADDRESS	35199 WELCOME LANE
CITY-ST-ZIP	CALLAHAN, FL 32011

TITLE	VP
NAME	BAUGH, RON D
STREET ADDRESS	633 CHERRY GROVE RD
CITY - ST - ZIP	ORANGE PARK, FL 32073

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

U00000703311
04/20/07-80136-010 150.00

12. I hereby certify that the information supplied with this filing 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-12-07 904-215-2342
Date Daytime Phone #