


FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

pg 1 of 2

PROFIT CORPORATION ANNUAL REPORT 95 - 1997		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS		FILED 97 FEB -5 AM 9:53 SECRETARY OF STATE TALLAHASSEE, FLORIDA																																																																																	
DOCUMENT # S26094 1. Corporation Name <p style="text-align: center;">FIRST COAST MEDICAL OFFICE SERVICES</p>																																																																																					
Principal Place of Business 1955 US Highway 1 South, C2 St. Augustine, Fl 32085			Mailing Address 																																																																																		
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country		3. Date Incorporated or Qualified 1/18/91 3a. Date of Last Report 5/1/94 4. FEI Number 59-3032390 5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No																																																																																	
9. Name and Address of Current Registered Agent 			10. Name and Address of New Registered Agent 81 Name Jami Havelin 82 Street Address (P.O. Box Number is Not Acceptable) 12420 Autumn Brook Trail West 83 84 City Jacksonville FL 85 Zip Code 32258																																																																																		
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent and agree to accept the obligations of Section 607.0505, Florida Statutes. SIGNATURE: <u>Jami Havelin</u> DATE: <u>2-3-97</u> <small>(Signature of person named in Block 10, or the person named in Block 12, if applicable. (NOTE: Registered Agent signature required when reinstating.)</small>																																																																																					
12. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr><td>TITLE</td><td><input type="checkbox"/> DELETE</td></tr> <tr><td>NAME</td><td></td></tr> <tr><td>STREET ADDRESS</td><td></td></tr> <tr><td>CITY, ST, ZIP</td><td></td></tr> <tr><td>TITLE</td><td><input type="checkbox"/> DELETE</td></tr> <tr><td>NAME</td><td></td></tr> <tr><td>STREET ADDRESS</td><td></td></tr> <tr><td>CITY, ST, ZIP</td><td></td></tr> <tr><td>TITLE</td><td><input type="checkbox"/> DELETE</td></tr> <tr><td>NAME</td><td></td></tr> <tr><td>STREET ADDRESS</td><td></td></tr> <tr><td>CITY, ST, ZIP</td><td></td></tr> <tr><td>TITLE</td><td><input type="checkbox"/> DELETE</td></tr> <tr><td>NAME</td><td></td></tr> <tr><td>STREET ADDRESS</td><td></td></tr> <tr><td>CITY, ST, ZIP</td><td></td></tr> </table>			TITLE	<input type="checkbox"/> DELETE	NAME		STREET ADDRESS		CITY, ST, ZIP		TITLE	<input type="checkbox"/> DELETE	NAME		STREET ADDRESS		CITY, ST, ZIP		TITLE	<input type="checkbox"/> DELETE	NAME		STREET ADDRESS		CITY, ST, ZIP		TITLE	<input type="checkbox"/> DELETE	NAME		STREET ADDRESS		CITY, ST, ZIP		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 <table border="1" style="width:100%; border-collapse: collapse;"> <tr><td>1.1 TITLE</td><td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td></tr> <tr><td>1.2 NAME</td><td>President</td></tr> <tr><td>1.3 STREET ADDRESS</td><td>Jami Havelin</td></tr> <tr><td>1.4 CITY-ST-ZIP</td><td>1955 US Highway 1 South C2</td></tr> <tr><td>2.1 TITLE</td><td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td></tr> <tr><td>2.2 NAME</td><td></td></tr> <tr><td>2.3 STREET ADDRESS</td><td></td></tr> <tr><td>2.4 CITY-ST-ZIP</td><td></td></tr> <tr><td>3.1 TITLE</td><td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td></tr> <tr><td>3.2 NAME</td><td>800002080168--6</td></tr> <tr><td>3.3 STREET ADDRESS</td><td>-02/06/97--01052--011</td></tr> <tr><td>3.4 CITY-ST-ZIP</td><td>****\$73.75 ****\$73.75</td></tr> <tr><td>4.1 TITLE</td><td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td></tr> <tr><td>4.2 NAME</td><td></td></tr> <tr><td>4.3 STREET ADDRESS</td><td></td></tr> <tr><td>4.4 CITY-ST-ZIP</td><td></td></tr> <tr><td>5.1 TITLE</td><td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td></tr> <tr><td>5.2 NAME</td><td></td></tr> <tr><td>5.3 STREET ADDRESS</td><td></td></tr> <tr><td>5.4 CITY-ST-ZIP</td><td></td></tr> <tr><td>6.1 TITLE</td><td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td></tr> <tr><td>6.2 NAME</td><td></td></tr> <tr><td>6.3 STREET ADDRESS</td><td></td></tr> <tr><td>6.4 CITY-ST-ZIP</td><td></td></tr> </table>			1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	1.2 NAME	President	1.3 STREET ADDRESS	Jami Havelin	1.4 CITY-ST-ZIP	1955 US Highway 1 South C2	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	2.2 NAME		2.3 STREET ADDRESS		2.4 CITY-ST-ZIP		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	3.2 NAME	800002080168--6	3.3 STREET ADDRESS	-02/06/97--01052--011	3.4 CITY-ST-ZIP	****\$73.75 ****\$73.75	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	4.2 NAME		4.3 STREET ADDRESS		4.4 CITY-ST-ZIP		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	5.2 NAME		5.3 STREET ADDRESS		5.4 CITY-ST-ZIP		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	6.2 NAME		6.3 STREET ADDRESS		6.4 CITY-ST-ZIP	
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14. I do 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 annual report or supplemental annual 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 12 or Block 13, if changed, or on an attachment with an address. SIGNATURE: <u>Jami Havelin</u> DATE: <u>2-3-97</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>																																																																																					

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