

**2013 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P97000077288

**Entity Name:** NATURE COAST MEDICAL GROUP, P.A.

**Current Principal Place of Business:**

130 S.W. SEVENTH STREET  
WILLISTON, FL 32696

**Current Mailing Address:**

130 S.W. SEVENTH STREET  
WILLISTON, FL 32696

**FEI Number:** 59-3467439

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

DOWNEY, KEVIN I  
2631 N.W. 41ST. STREET  
SUITE B  
GAINESVILLE, FL 32606 US

*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.*

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title D  
Name WISE, KENNETH  
Address 130 S.W. SEVENTH STREET  
City-State-Zip: WILLISTON FL 32696

Title D  
Name MCCOY, DONALD L  
Address 130 S.W. SEVENTH STREET  
City-State-Zip: WILLISTON FL 32696

*I hereby 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 all other like empowered.*

**SIGNATURE:** DONALD L. MCCOY

**PRESIDENT**

**01/31/2013**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date