

2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000023346

Entity Name: FIRST COAST HOSPITALISTS, P.L.

Current Principal Place of Business:

3763 CATHEDRAL OAKS PLACE S
JACKSONVILLE, FL 32217

Current Mailing Address:

P.O. BOX 57189
JACKSONVILLE, FL 32241

FEI Number: 54-2071431

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

SALAMEH, JAMAL S
3763 CATHEDRAL OAKS PLACE SOUTH
JACKSONVILLE, FL 32217 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

Authorized Person(s) Detail :

Title MGRM
Name SALAMEH, JAMAL S
Address P.O. BOX 57189
City-State-Zip: JACKSONVILLE FL 32241

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 a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: JAMAL SALAMEH

MD

01/27/2014

Electronic Signature of Signing Authorized Person(s) Detail

Date