## 2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N15000000674

Entity Name: COASTAL COMMUNITY HEALTH, INC.

**FILED** Apr 09, 2024 **Secretary of State** 4575195014CC

## **Current Principal Place of Business:**

841 PRUDENTIAL DRIVE **SUITE 1601** 

JACKSONVILLE, FL 32207

## **Current Mailing Address:**

841 PRUDENTIAL DRIVE **SUITE 1601** JACKSONVILLE, FL 32207

FEI Number: 47-1322041 Certificate of Status Desired: No

## Name and Address of Current Registered Agent:

BAITY, G. SCOTT 841 PRUDENTIAL DRIVE **SUITE 1802** JACKSONVILLE, FL 32207 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:

Date Electronic Signature of Registered Agent

Officer/Director Detail:

Title DIRECTOR, CHAIRMAN Title DIRECTOR, VC Name SUDDATH, BILL D. Name CHALLY, PAM

2415 PARKWOOD DRIVE 841 PRUDENTIAL DRIVE, SUITE 1601 Address Address City-State-Zip: BRUNSWICK GA 31520 City-State-Zip: JACKSONVILLE FL 32207-8372

**EXECUTIVE VICE PRESIDENT** Title CEO Title

Name ZUINO, MATTHEW A. MAYO, MICHAEL A. Name

Address 841 PRUDENTIAL DRIVE, SUITE 1601 841 PRUDENTIAL DRIVE Address

**SUITE 1601** City-State-Zip:

JACKSONVILLE FL 32207 City-State-Zip: JACKSONVILLE FL 32207

Title ASST. SECRETARY Title DIRECTOR, SECRETARY Name BAITY, G. SCOTT

LEVENSON, ILENE MD Name Address 841 PRUDENTIAL DRIVE, SUITE 1802

841 PRUDENTIAL DRIVE Address City-State-Zip: JACKSONVILLE FL 32207

**SUITE 1602** 

City-State-Zip: JACKSONVILLE FL Title

RAYNES, SCOTT Title ASST. SECRETARY Name

2415 PARKWOOD DRIVE Name JORDAN, CHRISTY Address City-State-Zip: BRUNSWICK GA 31520 Address 2415 PARKWOOD DRIVE

BRUNSWICK GA 31520 City-State-Zip:

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 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: G. SCOTT BAITY

ASST. SECRETARY

04/09/2024