

**2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N15000000674

**Entity Name:** COASTAL COMMUNITY HEALTH, INC.

**Current Principal Place of Business:**

841 PRUDENTIAL DR STE 1601  
JACKSONVILLE, FL 32207

**Current Mailing Address:**

841 PRUDENTIAL DR STE 1601  
JACKSONVILLE, FL 32207

**FEI Number: 47-1322041**

**Certificate of Status Desired: No**

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

GRANGER, HARVEY  
841 PRUDENTIAL DR STE 1601  
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:** \_\_\_\_\_

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title D  
Name COLBERG, GARY R  
Address 2415 PARKWOOD DR  
City-State-Zip: BRUNSWICK GA 31520

Title D  
Name GORDY, JOSEPH R  
Address 400 HEALTH PARK BLVD  
City-State-Zip: ST. AUGUSTINE FL 32086

Title D, CEO  
Name GREENE, A. HUGH  
Address 841 PRUDENTIAL DR STE 1601  
City-State-Zip: JACKSONVILLE FL 32207

Title SECRETARY  
Name GRANGER, HARVEY  
Address 841 PRUDENTIAL DR STE 1601  
City-State-Zip: JACKSONVILLE FL 32207

*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: HARVEY GRANGER**

**SECRETARY**

**02/03/2015**

Electronic Signature of Signing Officer/Director Detail

Date