

**2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N15000000674

**FILED**  
**Apr 30, 2019**  
**Secretary of State**  
**8280320008CC**

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

**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:**

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

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title DIRECTOR, CHAIRMAN  
Name HODGES, MICHAEL D.  
Address 2415 PARKWOOD DRIVE  
City-State-Zip: BRUNSWICK GA 31520

Title DIRECTOR, VC  
Name BAKER, MATTHEW  
Address 400 HEALTH PARK BLVD.  
City-State-Zip: ST. AUGUSTINE FL 32086

Title DIRECTOR, SECRETARY  
Name THOMPSON, CAROL C.  
Address 800 PRUDENTIAL DRIVE  
SUITE 1601  
City-State-Zip: JACKSONVILLE FL 32207

Title CEO  
Name GREENE, ADRIAN HUGH  
Address 841 PRUDENTIAL DRIVE  
SUITE 1601  
City-State-Zip: JACKSONVILLE FL 32207

Title EXECUTIVE VICE PRESIDNT  
Name GORDY, JOSEPH S.  
Address 400 HEALTH PARK  
City-State-Zip: ST. AUGUSTINE FL 32086

*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:** ADRIAN HUGH GREENE

**CEO**

**04/30/2019**

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

\_\_\_\_\_  
Date