

2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N15000000674

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 SISISKY, RICHARD L
Address 841 PRUDENTIAL DRIVE, SUITE 1601
City-State-Zip: JACKSONVILLE FL 32207-8372

Title DIRECTOR
Name CHALLY, PAMELA RN, PHD
Address 800 PRUDENTIAL DRIVE
SUITE 1601
City-State-Zip: JACKSONVILLE FL 32207

Title CEO
Name MAYO, MICHAEL A.
Address 841 PRUDENTIAL DRIVE
SUITE 1601
City-State-Zip: JACKSONVILLE FL 32207

Title EXECUTIVE VICE PRESIDNT
Name WOOTEN, SCOTT M.
Address 841 PRUDENTIAL DRIVE, SUITE 1601
City-State-Zip: JACKSONVILLE FL 32207

Title DIRECTOR, SECRETARY
Name BARROW, JOSEPH L.
Address 841 PRUDENTIAL DRIVE
SUITE 1602
City-State-Zip: JACKSONVILLE FL

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: SCOTT M. WOOTEN

VICE PRESIDENT

04/30/2021

Electronic Signature of Signing Officer/Director Detail

Date