

**2022 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N15000000674

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

**FILED**  
**Aug 15, 2022**  
**Secretary of State**  
**6848449404CC**

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

Title           EXECUTIVE VICE PRESIDNT  
Name           ZUINO, MATTHEW A.  
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: MICHAEL A. MAYO**

**CEO**

**08/15/2022**

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

\_\_\_\_\_  
Date