## 2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N15000000674

Entity Name: COASTAL COMMUNITY HEALTH, INC.

FILED
Apr 27, 2018
Secretary of State
CC5121371892

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

841 PRUDENTIAL DR STE 1601 JACKSONVILLE, FL 32207

## **Current Mailing Address:**

841 PRUDENTIAL DR STE 1601 JACKSONVILLE, FL 32207 US

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

## Name and Address of Current Registered Agent:

DEVOUGHT, CARLTON A 400 HEALTH PARK ST. AUGUSTINE, FL 32086 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 Title DIRECTOR, VC Name HODGES, MICHAEL D. Name BAKE, MATTHEW

Address 2415 PARKWOOD DRIVE Address 400 HEALTH PARK BLVD.

City-State-Zip: BRUNSWICK GA 31520 City-State-Zip: ST. AUGUSTINE FL 32086

Title DIRECTOR, SECRETARY Title CEO

NameTHOMPSON, CAROL C.NameGREENE, ADRIAN HUGHAddress800 PRUDENTIAL DRIVE<br/>SUITE 1601Address841 PRUDENTIAL DRIVE<br/>SUITE 1601

City-State-Zip: JACKSONVILLE FL 32207 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

CHIEF EXECUTIVE OFFICER

04/27/2018