

**2022 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P20000038749

**Entity Name:** COASTAL CARE SVCS TPA, INC

**Current Principal Place of Business:**

1200 NW 78TH AVENUE  
SUITE #100  
DORAL, FL 33126

**Current Mailing Address:**

1200 NW 78TH AVENUE  
SUITE #100  
DORAL, FL 33126 US

**FEI Number:** 85-1141587

**Certificate of Status Desired:** Yes

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

GARCIA, YSEL  
1200 NW 78TH AVENUE  
SUITE #100  
DORAL, FL 33126 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 P  
Name CHAMIZO, JORGE  
Address 1200 NW 78TH AVENUE  
SUITE #100  
City-State-Zip: DORAL FL 33126

Title VP  
Name GARCIA, YSEL  
Address 1200 NW 78TH AVENUE  
SUITE #100  
City-State-Zip: DORAL FL 33126

Title SEC  
Name FORTE, YHANEYA  
Address 1200 NW 78TH AVENUE  
SUITE #100  
City-State-Zip: DORAL FL 33126

*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 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** YSEL GARCIA

VP

03/03/2022

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

\_\_\_\_\_  
Date