

**2023 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:** No

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

**SEC**

**03/02/2023**

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

\_\_\_\_\_  
Date