

**2022 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L13000064036

**Entity Name:** FIRST COAST HEALTH ALLIANCE, LLC

**Current Principal Place of Business:**

400 HEALTH PARK BLVD.  
ST. AUGUSTINE, FL 32086

**Current Mailing Address:**

400 HEALTH PARK BLVD.  
ST. AUGUSTINE, FL 32086

**FEI Number: 46-2773479**

**Certificate of Status Desired: No**

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

CANTRELL, VICKI  
400 HEALTH PARK BLVD.  
ST. AUGUSTINE, FL 32086 US

**FILED**  
**Apr 26, 2022**  
**Secretary of State**  
**9852346283CC**

*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:** VICKI CANTRELL

04/26/2022

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title            PRESIDENT  
Name            GEORGE, FERRIS DR.  
Address        400 HEALTH PARK BLVD.  
City-State-Zip: ST. AUGUSTINE FL 32086

Title            MANAGER  
Name            DEVOOGHT, CARLTON  
Address        400 HEALTH PARK BLVD.  
City-State-Zip: ST. AUGUSTINE FL 32086

Title            MANAGER  
Name            MUEHRCKE, DEREK D. DR.  
Address        400 HEALTH PARK BLVD.  
City-State-Zip: ST. AUGUSTINE FL 32086

Title            MANAGER  
Name            APONTE-LOPEZ, RAFAEL DR.  
Address        400 HEALTH PARK BLVD.  
City-State-Zip: ST. AUGUSTINE FL 32086

Title            MANAGER  
Name            KUDIA, ASHFAQ L. DR.  
Address        400 HEALTH PARK BLVD.  
City-State-Zip: ST. AUGUSTINE FL 32086

Title            MANAGER  
Name            MAS, MIGUEL A. DR.  
Address        400 HEALTH PARK BLVD.  
City-State-Zip: ST. AUGUSTINE FL 32086

Title            SENIOR MEDICAL DIRECTOR  
Name            NEERUKONDA, SUHA P  
Address        400 HEALTH PARK BLVD.  
City-State-Zip: ST. AUGUSTINE FL 32086

Title            MANAGER  
Name            HUTSON, JOHN  
Address        400 HEALTH PARK BLVD.  
City-State-Zip: ST. AUGUSTINE FL 32086

**Continues on page 2**

*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 a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** CARLTON DEVOOGHT

MANAGER

04/26/2022

Electronic Signature of Signing Authorized Person(s) Detail

Date

**Authorized Person(s) Detail Continued :**

Title           MANAGER  
Name           JOHNSON, VINCENT  
Address        400 HEALTH PARK BLVD.  
City-State-Zip: ST. AUGUSTINE FL 32086

Title           VP  
Name           FRANKS, JOHN  
Address        400 HEALTH PARK BLVD.  
City-State-Zip: ST. AUGUSTINE FL 32086

Title           TREASURER  
Name           BAKER, BRENDA  
Address        400 HEALTH PARK BLVD.  
City-State-Zip: ST. AUGUSTINE FL 32086

Title           MANAGER  
Name           PUBBI, DINESH DR.  
Address        400 HEALTH PARK BLVD.  
City-State-Zip: ST. AUGUSTINE FL 32086

Title           MANAGER  
Name           RICE, DAVID DR.  
Address        400 HEALTH PARK BLVD.  
City-State-Zip: ST. AUGUSTINE FL 32086