

2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L13000064036

FILED
Mar 01, 2021
Secretary of State
1968297996CC

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

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

03/01/2021

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 MACHADO, MIGUEL A DR.
Address 400 HEALTH PARK BLVD.
City-State-Zip: ST. AUGUSTINE FL 32086

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

Title VP
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

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: JASON BARRETT

MANAGER

03/01/2021

Electronic Signature of Signing Authorized Person(s) Detail

Date

Authorized Person(s) Detail Continued :

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

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

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

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