

2024 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 US**FEI Number:** 46-2773479**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**SCOTT, CAROLYN
100 WHETSTONE PLACE
SUITE 203
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:** CAROLYN SCOTT

04/12/2024

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

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

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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

04/12/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date

Authorized Person(s) Detail Continued :

Title MANAGER
Name VOLENTI, ANN MARIE
Address 400 HEALTH PARK BLVD.
City-State-Zip: ST. AUGUSTINE FL 32086

Title TREASURER
Name THORNTON, ROBERT WILLIAM
Address 400 HEALTH PARK BLVD.
City-State-Zip: ST. AUGUSTINE FL 32086

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

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