

**2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L15000085645

**Entity Name:** ATLANTIC COAST HEALTH NETWORK, LLC

**Current Principal Place of Business:**

3107 STIRLING ROAD  
SUITE 202  
FT. LAUDERDALE, FL 33312

**Current Mailing Address:**

3107 STIRLING ROAD  
SUITE 202  
FT. LAUDERDALE, FL 33312 US

**FEI Number:** 47-4756582

**Certificate of Status Desired:** No

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

GRAY ROBINSON, P.A.  
301 SOUTH BRONOUGH STREET  
SUITE 600  
TALLAHASSEE, FL 32301 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

**Authorized Person(s) Detail :**

Title EXECUTIVE DIRECTOR  
Name HURTADO, LUISA F  
Address 3107 STIRLING ROAD  
SUITE 202  
City-State-Zip: FT. LAUDERDALE FL 33312

Title CHIEF MEDICAL OFFICER  
Name FERNANDEZ, DR. LOUIS DR.  
Address 3107 STIRLING ROAD  
SUITE 202  
City-State-Zip: FORT LAUDERDALE FL 33312

*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:** HURTADO, LUISA F

**EXECUTIVE DIRECTOR**

**01/22/2021**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date