

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L15000122036

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

**Current Principal Place of Business:**

3121 VENTURE PLACE  
STE #1  
JACKSONVILLE, FL 32257

**Current Mailing Address:**

3121 VENTURE PLACE  
STE #1  
JACKSONVILLE, FL 32257 US

**FEI Number:** 81-1205925

**Certificate of Status Desired:** No

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

WILSON, J. CHARLES  
3121 VENTURE PL STE 1  
JACKSONVILLE, FL 32257 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            AUTHORIZED REPRESENTATIVE  
Name            WILSON, J. CHARLES  
Address        3121 VENTURE PLACE  
                  STE #1  
City-State-Zip: JACKSONVILLE FL 32257

*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:** WILSON , J. CHARLES

AUTH REP

03/24/2023

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

\_\_\_\_\_ Date