

2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L18000178634

Entity Name: GULF COAST HEALTH PROVIDERS LLC

Current Principal Place of Business:

4176 ABERNATHY DRIVE
PACE, FL 32571

Current Mailing Address:

4176 ABERNATHY DRIVE
PACE, FL 32571 US

FEI Number: 83-1351084

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

UNITED STATES CORPORATION AGENTS, INC.
5575 S. SEMORAN BLVD
SUITE 36
ORLANDO, FL 32822 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	AMBR	Title	AMBR
Name	COX, JEFFREY M	Name	COX, AMY H
Address	4176 ABERNATHY DRIVE	Address	4176 ABERNATHY DRIVE
City-State-Zip:	PACE FL 32571	City-State-Zip:	PACE FL 32571

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: JEFFREY COX

AMBR

03/21/2021

Electronic Signature of Signing Authorized Person(s) Detail

Date