

2022 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L21000195875

Entity Name: COASTAL COMMUNITY HEALTH RESOURCES, LLC

Current Principal Place of Business:

50 PINE SHADOW PARKWAY
UNIT 2307
PONTE VEDRA, FL 32081, FL 32081

Current Mailing Address:

PO BOX 600644
JACKSONVILLE, FL 32260 US

FEI Number: APPLIED FOR

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

DIRKSE, BRENDA H
50 PINE SHADOW PARKWAY
UNIT 2307
PONTE VEDRA, FL 32081, FL 32081 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 MGR
Name DIRKSE, BRENDA H
Address 50 PINE SHADOW PARKWAY
UNIT 2307
City-State-Zip: PONTE VEDRA, FL 32081 FL 32081

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: BRENDA HIERS DIRKSE

MGR

04/28/2022

Electronic Signature of Signing Authorized Person(s) Detail

Date