2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 21, 2024
Secretary of State
0249630915CC

DOCUMENT# L22000211400

Entity Name: COASTAL MOBILE MEDICAL CARE, LLC

Current Principal Place of Business:

8825 PERIMETER PARK BLVD
SUITE 204
JACKSONVILLE, FL 32216

Current Mailing Address:

8825 PERIMETER PARK BLVD
SUITE 204
JACKSONVILLE, FL 32216 US

FEI Number: 88-2123084

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

THIGPEN, JARICA L
3935 COASTAL COVE CIRCLE
JACKSONVILLE, FL 32224 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	Title	MGR
Name	THIGPEN, JARICA	Name	BRATTON, ROBYN
Address	3935 COASTAL COVE CIRCLE	Address	1157 STONEHEDGE TRAIL LANE
City-State-Zip:	JACKSONVILLE FL 32224	City-State-Zip:	SAINT AUGUSTINE FL 32092

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: JARICA THIGPEN MGR 03/21/2024

Electronic Signature of Signing Authorized Person(s) Detail — Date