2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N15000000674

Entity Name: COASTAL COMMUNITY HEALTH, INC.

FILED Apr 30, 2021 **Secretary of State** 3046996397CC

Current Principal Place of Business:

841 PRUDENTIAL DRIVE **SUITE 1601** JACKSONVILLE, FL 32207

Current Mailing Address:

841 PRUDENTIAL DRIVE **SUITE 1601** JACKSONVILLE, FL 32207

FEI Number: 47-1322041 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

BAITY, G. SCOTT 841 PRUDENTIAL DRIVE **SUITE 1802** JACKSONVILLE, FL 32207 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

Officer/Director Detail:

Title DIRECTOR, CHAIRMAN Title DIRECTOR, VC Name HODGES, MICHAEL D. Name SISISKY, RICHARD L

2415 PARKWOOD DRIVE 841 PRUDENTIAL DRIVE, SUITE 1601 Address Address BRUNSWICK GA 31520 JACKSONVILLE FL 32207-8372 City-State-Zip: City-State-Zip:

CEO Title DIRECTOR Title

Name MAYO, MICHAEL A. CHALLY, PAMELA RN, PHD Name

Address 841 PRUDENTIAL DRIVE 800 PRUDENTIAL DRIVE Address

SUITE 1601 SUITE 1601

City-State-Zip: JACKSONVILLE FL 32207 City-State-Zip: JACKSONVILLE FL 32207

Title **EXECUTIVE VICE PRESIDNT** Title DIRECTOR, SECRETARY Name BARROW, JOSEPH L. WOOTEN, SCOTT M. Name 841 PRUDENTIAL DRIVE, SUITE 1601 Address 841 PRUDENTIAL DRIVE Address

SUITE 1602

JACKSONVILLE FL 32207 City-State-Zip: City-State-Zip:

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 an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears

SIGNATURE: SCOTT M. WOOTEN

above, or on an attachment with all other like empowered.

VICE PRESIDENT

JACKSONVILLE FL

04/30/2021