

2025 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P22000036097

Entity Name: FLORIDA COAST MEDICAL AND SURGICAL CENTER, INC.

Current Principal Place of Business:

310 SE VERANDA FALLS WAY
PORT ST. LUCIE, FL 34984

Current Mailing Address:

14201 DALLAS PKWY
DALLAS, TX 75254

FEI Number: 88-2346023

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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 P
Name SHERRILL, JOHN TYLER
Address 14201 DALLAS PKWY
City-State-Zip: DALLAS TX 75254

Title DIRECTOR
Name SMITH, SHARILEE
Address 14201 DALLAS PKWY
City-State-Zip: DALLAS TX 75254

Title TREASURER
Name BURKETT, JOSHUA
Address 14201 DALLAS PKWY
City-State-Zip: DALLAS TX 75254

Title S
Name MACK, KRISTINA A
Address 14201 DALLAS PKWY
City-State-Zip: DALLAS TX 75254

Title ASST. TREASURER
Name TAYLOR, KRISTIN A.
Address 14201 DALLAS PKWY
City-State-Zip: DALLAS TX 75254

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 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: KRISTINA A. MACK

SECRETARY

03/31/2025

Electronic Signature of Signing Officer/Director Detail

Date