## 2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L13000064036

Entity Name: FIRST COAST HEALTH ALLIANCE, LLC

**Current Principal Place of Business:** 

400 HEALTH PARK BLVD. ST. AUGUSTINE. FL 32086

**Current Mailing Address:** 

400 HEALTH PARK BLVD. ST. AUGUSTINE. FL 32086

FEI Number: 46-2773479 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

BERRY, JILL 100 HEALTH PARK BOULEVARD SUITE 203 ST. AUGUSTINE, FL 32086 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: JILL BERRY 03/10/2023

Electronic Signature of Registered Agent

Date

**FILED** Mar 10, 2023

**Secretary of State** 

4781980683CC

Authorized Person(s) Detail:

Title **PRESIDENT** Title **MANAGER** 

GEORGE, FERRIS DR. Name Name DEVOOGHT, CARLTON Address 400 HEALTH PARK BLVD. Address 400 HEALTH PARK BLVD. ST. AUGUSTINE FL 32086 City-State-Zip: City-State-Zip: ST. AUGUSTINE FL 32086

Title MANAGER Title **MANAGER** 

Name APONTE-LOPEZ, RAFAEL DR. Name MUEHRCKE, DEREK D. DR. Address 400 HEALTH PARK BLVD. Address 400 HEALTH PARK BLVD.

ST. AUGUSTINE FL 32086 City-State-Zip: ST. AUGUSTINE FL 32086 City-State-Zip:

Title MANAGER Title MANAGER

Name MAS, MIGUEL A. DR. Name KUDIA, ASHFAQ L. DR. 400 HEALTH PARK BLVD. Address Address 400 HEALTH PARK BLVD. City-State-Zip: ST. AUGUSTINE FL 32086 City-State-Zip: ST. AUGUSTINE FL 32086

Title MANAGER Title SENIOR MEDICAL DIRECTOR

Name PUBBI, DINESH DR. Name NEERUKONDA, SUHA P Address 400 HEALTH PARK BLVD. Address 400 HEALTH PARK BLVD. ST. AUGUSTINE FL 32086 City-State-Zip: City-State-Zip: ST. AUGUSTINE FL 32086

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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: CARLTON DEVOOGHT Electronic Signature of Signing Authorized Person(s) Detail

**MANAGER** 

03/10/2023

## **Authorized Person(s) Detail Continued:**

Title VP

Name FRANKS, JOHN

Address 400 HEALTH PARK BLVD.

City-State-Zip: ST. AUGUSTINE FL 32086

Title MANAGER

Name VOLENTI, ANN MARIE
Address 400 HEALTH PARK BLVD.
City-State-Zip: ST. AUGUSTINE FL 32086

Title TREASURER
Name BAILEY, TOM

Address 400 HEALTH PARK BLVD.

City-State-Zip: ST. AUGUSTINE FL 32086

Title MANAGER

Name RICE, DAVID DR.

Address 400 HEALTH PARK BLVD.

City-State-Zip: ST. AUGUSTINE FL 32086

Title MANAGER

Name BATENHORST, TODD
Address 400 HEALTH PARK BLVD.
City-State-Zip: ST. AUGUSTINE FL 32086