

2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L13000075450

Entity Name: GULFCOAST ACCOUNTABLE CARE NETWORK, LLC

Current Principal Place of Business:

6321 DANIELS PARKWAY SUITE 201
FORT MYERS, FL 33912

Current Mailing Address:

FARR LAW FIRM
99 NESBIT STREET
PUNTA GORDA, FL 33950 US

FEI Number: 37-1733479

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

HOLMES, DAVID
FARR LAW FIRM
99 NESBIT STREET
PUNTA GORDA, FL 33950 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 FOX, BRIAN
Address 6321 DANIELS PARKWAY SUITE 201
City-State-Zip: FORT MYERS FL 33912

Title CEO
Name KEARNS, KEVIN
Address 6321 DANIELS PARKWAY SUITE 201
City-State-Zip: FORT MYERS FL 33912

Title T
Name PAKROSNIIS, JEFF
Address 6321 DANIELS PARKWAY SUITE 201
City-State-Zip: FORT MYERS FL 33912

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: BRIAN FOX

MANAGER

03/12/2018

Electronic Signature of Signing Authorized Person(s) Detail

Date