

2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L16000114653

Entity Name: COASTAL HEALTHCARE PARTNERS LLC

Current Principal Place of Business:

50 LEANNI WAY
D1
PALM COAST, FL 32137

Current Mailing Address:

50 LEANNI WAY
D1
PALM COAST, FL 32137

FEI Number: 81-2989278

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

OSBORNE, MICHAEL A JR
50 LEANNI WAY
D1
PALM COAST, FL 32137 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 OSBORNE, MICHAEL A JR
Address 50 LEANNI WAY D1
City-State-Zip: PALM COAST FL 32137

Title AUTHORIZED MEMBER
Name WOJCIK, CHRIS
Address 760 S VOLUSIA AVE #100
City-State-Zip: ORANGE CITY FL 32763

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: MICHAEL OSBORNE JR

OWNER

02/03/2021

Electronic Signature of Signing Authorized Person(s) Detail

Date