

2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L17000127484

Entity Name: COASTAL TELEHEALTH SPECIALISTS, LLC

Current Principal Place of Business:

100 WHETSTONE PLACE
SUITE 205
ST. AUGUSTINE, FL 32086

Current Mailing Address:

1093 A1A BEACH BOULEVARD
#415
ST. AUGUSTINE, FL 32080 US

FEI Number: APPLIED FOR

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

FARAH LAW
6550 SAINT AUGUSTINE RD
STE 103
JACKSONVILLE, FL 32217 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: JAMES E. FARAH

03/08/2018

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title AMBR
Name MANIKAL, VIVEK M.D.
Address 1093 A1A BEACH BOULEVARD, #415
City-State-Zip: ST. AUGUSTINE FL 32080

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: VIVEK MANIKAL /JEF

AMBR

03/08/2018

Electronic Signature of Signing Authorized Person(s) Detail

Date