

2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L19000248510

Entity Name: COE HOSPITAL DEVELOPMENT, LLC

Current Principal Place of Business:

1285 ORANGE AVENUE
WINTER PARK, FL 32789

Current Mailing Address:

1285 ORANGE AVENUE
WINTER PARK, FL 32789 US

FEI Number: 84-3380279

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

DEAN MEAD SERVICES, LLC
420 S. ORANGE AVENUE
SUITE 700
ORLANDO, FL 32801 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 JABLONSKI, MICHAEL V M.D.
Address 1285 ORANGE AVENUE
City-State-Zip: WINTER PARK FL 32789

Title MGR
Name DESAI, PRATIK P M.D.
Address 1285 ORANGE AVENUE
City-State-Zip: WINTER PARK FL 32789

Title MGR
Name MINTZER, CRAIG M M.D.
Address 1285 ORANGE AVENUE
City-State-Zip: WINTER PARK FL 32789

Title MGR
Name SERVICE, BENJAMIN M.D.
Address 1285 ORANGE AVENUE
City-State-Zip: WINTER PARK FL 32789

Title MGR
Name LEWELLYN, BRETT J M.D.
Address 1285 ORANGE AVENUE
City-State-Zip: WINTER PARK FL 32789

Title MGR
Name HAIDUKEWYCH, GEORGE J M.D.
Address 1285 ORANGE AVENUE
City-State-Zip: WINTER PARK FL 32789

Title MGR
Name HIRSCHL, ROBERT M.D.
Address 1285 ORANGE AVENUE
City-State-Zip: WINTER PARK FL 32789

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 V. JABLONSKI, M.D.

MANAGER

03/14/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date