

**2025 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****03/04/2025**

Electronic Signature of Signing Authorized Person(s) Detail

Date