

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L22000440215

**Entity Name:** COASTAL HEALTH PRIMARY CARE LLC

**Current Principal Place of Business:**

705 WELLS ROAD  
SUITE 300  
ORANGE PARK, FL 32073

**Current Mailing Address:**

705 WELLS ROAD  
SUITE 300  
ORANGE PARK, FL 32073 US

**FEI Number: APPLIED FOR**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

MH CORPORATE SERVICES, INC.  
14 EAST BAY STREET  
JACKSONVILLE, FL 32202 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:** ROBERT G. SHAFFER, II

04/24/2023

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title	MGR	Title	MANAGER
Name	PHYSICIANS GROUP SERVICES, PA	Name	POWELL, KENNETH
Address	705 WELLS ROAD SUITE 300	Address	705 WELLS ROAD SUITE 300
City-State-Zip:	ORANGE PARK FL 32073	City-State-Zip:	ORANGE PARK FL 32073

*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:** KENNETH POWELL

MANAGER

04/24/2023

Electronic Signature of Signing Authorized Person(s) Detail

Date