

2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L99000007901

Entity Name: COASTAL MEDICAL CENTER, L.L.C.

Current Principal Place of Business:

1 SOUTH SCHOOL AVENUE, SUITE 103
SARASOTA, FL 34237

Current Mailing Address:

1 SOUTH SCHOOL AVENUE, SUITE 103
SARASOTA, FL 34237

FEI Number: 65-0956639

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

VIENNA, ROBINSON V
1 SOUTH SCHOOL AVENUE, SUITE 103
SARASOTA, FL 34237 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: VIENNA V ROBINSON

02/14/2024

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title	MGR	Title	AUTHORIZED MEMBER
Name	PAGLEY, PAMELA J	Name	TINGLE, MICHELLE
Address	1 S SCHOOL AVE SUITE 103	Address	1 SOUTH SCHOOL AVENUE SUITE 103
City-State-Zip:	SARASOTA FL 34237	City-State-Zip:	SARASOTA FL 34237
Title	AUTHORIZED MEMBER	Title	AUTHORIZED MEMBER
Name	BILIK, KATHRYN	Name	GARCIA, MARIANA
Address	1 SOUTH SCHOOL AVENUE SUITE 103	Address	1 SOUTH SCHOOL AVENUE SUITE 103
City-State-Zip:	SARASOTA FL 34237	City-State-Zip:	SARASOTA FL 34237
Title	AUTHORIZED MEMBER		
Name	GREEN, JULIA		
Address	1 SOUTH SCHOOL AVENUE, SUITE 103		
City-State-Zip:	SARASOTA FL 34237		

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: PAMELA PAGLEY

MGR

02/14/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date