

**2021 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M08000005235

**Entity Name:** GULF COAST HEALTH CARE OF DELAWARE, LLC**Current Principal Place of Business:**40 SOUTH PALAFOX PLACE, SUITE 400  
PENSACOLA, FL 32502**Current Mailing Address:**40 SOUTH PALAFOX PLACE, SUITE 400  
PENSACOLA, FL 32502 US**FEI Number:** 26-2429281**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301 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	MGRM
Name	GULF COAST HEALTH CARE HOLDINGS, LLC
Address	40 SOUTH PALAFOX PLACE, SUITE 400
City-State-Zip:	PENSACOLA FL 32502

Title	PRESIDENT
Name	BARNETT, BRETT
Address	40 SOUTH PALAFOX PLACE, SUITE 400
City-State-Zip:	PENSACOLA FL 32502

Title	TREASURER
Name	WOLF, SHERYL
Address	40 SOUTH PALAFOX PLACE, SUITE 400
City-State-Zip:	PENSACOLA FL 32502

*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:** BRETT BARNETT**PRESIDENT****04/26/2021**\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail\_\_\_\_\_  
Date