

**2021 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M17000004537

**Entity Name:** COALITION MEDICAL COMPANY, LLC

**Current Principal Place of Business:**

3012 N US-301 SUITE 1000  
TAMPA, FL 33619

**Current Mailing Address:**

3012 N US-301 SUITE 1000  
TAMPA, FL 33619 US

**FEI Number: 82-1566643**

**Certificate of Status Desired: No**

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

ST. AUGUSTINE LAW GROUP, P.A.  
320 HIGH TIDE DR  
ST. AUGUSTINE, FL 32080 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 COALITION MEDICAL, INC.  
Address 9907 8TH ST UNIT 1267  
City-State-Zip: GOTHA FL 34734

*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: COALITION MEDICAL INC**

**MGR**

**02/10/2021**

Electronic Signature of Signing Authorized Person(s) Detail

Date