

2021 FOREIGN LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT# M20000006404

Entity Name: COASTAL INJURY CLINIC, LLC

Current Principal Place of Business:

2700 RIVERSIDE AVE STE 1-B
JACKSONVILLE, FL 32205

Current Mailing Address:

P.O. BOX 1869
ORANGE PARK, FL 32067 US

FEI Number: 85-1849563

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

SHAFFER, ROBERT II
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

03/18/2021

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

| | | | |
|-----------------|--------------------------|-----------------|------------------------------|
| Title | MGRP | Title | MGR, CEO |
| Name | POWELL, KENNETH | Name | ROBERTS, BRIDGET |
| Address | 2700 RIVERSIDE AVE STE 3 | Address | 7855 ARGYLE FOREST BLVD #101 |
| City-State-Zip: | JACKSONVILLE FL 32205 | City-State-Zip: | JACKSONVILLE FL 32244 |

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: BRIDGET ROBERTS

CEO

03/18/2021

Electronic Signature of Signing Authorized Person(s) Detail

Date