

2024 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M20000006404

Entity Name: COASTAL INJURY CLINIC, 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: 85-1849563

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

04/28/2024

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

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

Title CEO
Name CHRISTMAN, ANDREW
Address 705 WELLS ROAD, SUITE 300
City-State-Zip: ORANGE PARK FL 32073

Title COO
Name TABOH, GREGG
Address 705 WELLS ROAD, SUITE 300
City-State-Zip: ORANGE PARK FL 32073

Title AUTHORIZED MEMBER
Name PHYSICIANS GROUP SERVICES, P.A.
Address 705 WELLS ROAD, SUITE 300
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

04/28/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date