

**2019 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# K87260

**Entity Name:** CHCS SERVICES INC.**Current Principal Place of Business:**411 NORTH BAYLEN STREET  
PENSACOLA, FL 32501**Current Mailing Address:**411 NORTH BAYLEN STREET  
PENSACOLA, FL 32501 US**FEI Number:** 59-2953465**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**C T CORPORATION SYSTEM  
C/O C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 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

**Officer/Director Detail :**

Title	TD
Name	PLESSNER, RICHARD
Address	400 BROADACRES DRIVE 4TH FLOOR
City-State-Zip:	BLOOMFIELD NJ 07003
Title	S
Name	CHAYET, MICHAEL
Address	79TH FIFTH AVENUE 3RD FLOOR
City-State-Zip:	NEW YORK NY 10003
Title	CLAIMS MANAGER
Name	WALLACE, TONNETTA
Address	411 NORTH BAYLEN STREET
City-State-Zip:	PENSACOLA FL 32501

Title	PD
Name	KUMAR, ANUP
Address	125 CAMBRIDGE DRIVE 4TH FLOOR
City-State-Zip:	CAMBRIDGE MA 02140
Title	ASST S
Name	BOLKIN, EVE
Address	79 FIFTH AVENUE 3RD FLOOR
City-State-Zip:	NEW YORK NY 10003
Title	TAX ACC
Name	COWELL, ROBERT
Address	400 BROADACRES DRIVE 14TH FLOOR
City-State-Zip:	BLOOMFIELD NJ 07003

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 an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

**SIGNATURE:** ANUP KUMAR**PRESIDENT****03/21/2019**

Electronic Signature of Signing Officer/Director Detail

Date