

**2023 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P04000079182

**Entity Name:** C.H.W. FLORIDA MEDICAL, INCORPORATED

**Current Principal Place of Business:**

2823 EXECUTIVE PARK DRIVE  
WESTON, FL 33331

**Current Mailing Address:**

2823 EXECUTIVE PARK DRIVE  
WESTON, FL 33331 US

**FEI Number:** 20-1129967

**Certificate of Status Desired:** Yes

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

GLASSMAN, LEE DESQ.  
2200 NORTH COMMERCE PARKWAY  
SUITE 105  
WESTON, FL 33326 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 P  
Name MESSA, CHARLES M.D.  
Address 2823 EXECUTIVE PARK DRIVE  
City-State-Zip: WESTON FL 33331

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:** CHARLES ANGELO MESSA, III, MD, FACS

**PRESIDENT**

**04/28/2023**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date