

**2024 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P10000099732

**Entity Name:** CWH MD LEGAL, INC.

**Current Principal Place of Business:**

710 PONCE DE LEON BLVD.  
BELLAIRE, FL 33756

**Current Mailing Address:**

710 PONCE DE LEON BLVD.  
BELLAIRE, FL 33756 US

**FEI Number:** 27-4217806

**Certificate of Status Desired:** No

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

HODGKINS, CHRISTOPHER W MD.  
6200 SW 72ND STREET  
SUITE 604  
MIAMI, FL 33143 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            PRESIDENT  
Name            HODGKINS, CHRISTOPHER W M.D.  
Address        6200 SW 72ND STREET  
                 SUITE 604  
City-State-Zip: MIAMI FL 33143

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:** CHRISTOPHER HODGKINS

PRESIDENT

04/16/2024

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

\_\_\_\_\_  
Date