

**2023 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P18000061368

**Entity Name:** CMCH HEALTH, INC

**Current Principal Place of Business:**

7590 NW 186 ST  
209  
MIAMI, FL 33015

**FILED**  
**Feb 01, 2023**  
**Secretary of State**  
**7358641279CC**

**Current Mailing Address:**

7590 NW 186 ST  
209  
MIAMI, FL 33015 US

**FEI Number:** 83-1234530

**Certificate of Status Desired:** No

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

MAZA, CARLOS  
7590 NW 186 ST  
209  
MIAMI, FL 33015 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:** CARLOS MAZA

02/01/2023

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title P  
Name MAZA, CARLOS  
Address 7590 NW 186 ST  
209  
City-State-Zip: MIAMI FL 33015

*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:** CARLOS MAZA

**PRESIDENT**

02/01/2023

Electronic Signature of Signing Officer/Director Detail

Date