

**2019 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P18000061368

**Entity Name:** CMCH HEALTH, INC

**Current Principal Place of Business:**

374 NE 19 AVE.  
HOMESTEAD, FL 33033

**Current Mailing Address:**

374 NE 19 AVE.  
HOMESTEAD, FL 33033

**FEI Number: 83-1234530**

**Certificate of Status Desired: Yes**

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

COLLAZO, AMILIO F  
756 NW 143 PL.  
MIAMI, FL 33182 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 MAZA, CARLOS  
Address 374 NE 19 AVE.  
City-State-Zip: HOMESTEAD FL 33033

*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**

**01/19/2019**

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

\_\_\_\_\_  
Date