

2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L14000121404

Entity Name: CAPITAL HEALTH INSURANCE OF AMERICA LLC

Current Principal Place of Business:

1401 N. UNIVERSITY DRIVE
SUITE 403
CORAL SPRINGS , FL 33071

Current Mailing Address:

1401 N. UNIVERSITY DRIVE
SUITE 403
CORAL SPRINGS, FL 33071 US

FEI Number: 47-1494701

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

LLANES, SAMUEL A
11330 NW 68TH CT.
PARKLAND , FL 33076 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: SAMUEL LLANES

01/29/2019

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title	MGR	Title	MGR
Name	LLANES, SAMUEL A	Name	CALLEJAS, MARIO A
Address	11330 NW 68TH CT	Address	2501 S OCEAN DR APT 537
City-State-Zip:	PARKLAND FL 33076	City-State-Zip:	HOLLYWOOD FL 33019

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 a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: SAMUEL LLANES

MGR

01/29/2019

Electronic Signature of Signing Authorized Person(s) Detail

Date