FEI Number: 84-2321230 Name and Address of Current Registered Agent:	Certificate of Status Desired:
HERNANDEZ MACHADO, CRISTINA 13392 SW 256 TERRACE HOMESTEAD, FL 33032 US	
The above named entity submits this statement for the purpose of changing its registered office or regis	stered agent, or both, in the State of Florida.

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SIGNATURE:	CRISTINA HERNANDEZ MACHADO		03/21/2020
	Electronic Signature of Registered Agent		Date
Authorized Person(s) Detail :			
Title	MGR	Title	AMBR
Name	HERNANDEZ MACHADO, CRISTINA	Name	HERNANDEZ MACHADO, CRISTINA
Address	13392 SW 256 TERRACE	Address	13392 SW 256 TERRACE
City-State-Zip:	HOMESTEAD FL 33032	City-State-Zip:	HOMESTEAD FL 33032

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.

Ρ

SIGNATURE: CRISTINA HERNANDEZ MACHADO

Electronic Signature of Signing Authorized Person(s) Detail

HOMESTEAD, FL 33032

2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L19000157271

Entity Name: CHM HEALTHCARE L.L.C

Current Principal Place of Business:

13392 SW 256 TERRACE

Current Mailing Address:

13392 SW 256 TERRACE HOMESTEAD, FL 33032 US

FEI N

ed: No

03/21/2020

FILED Mar 21, 2020 Secretary of State 4461046096CC

Date