

**2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L19000266167

**Entity Name:** CHAMBARELLI OCC MED SOLUTIONS LLC**Current Principal Place of Business:**5728 MAJOR BLVD  
STE 309  
ORLANDO, FL 32819**Current Mailing Address:**5728 MAJOR BLVD  
STE 309  
ORLANDO, FL 32819 US**FEI Number:** 30-1244523**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**SOUSA & ASSOC  
5728 MAJOR BLVD  
STE 309  
ORLANDO, FL 32819 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:** MARIA C SOUSA

03/03/2021

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title	AMBR
Name	DEL PRET CHAMBARELLI, CARLOS
Address	RUA ALFREDO CESCHIATTI 150/1101 BLOCO 01
City-State-Zip:	BARRA DA TIJUCA RIO DE JANEIRO 22775-045

Title	AMBR
Name	DE OLIVIERA WERGLES, SOLANGE
Address	RUA ALFREDO CESCHIATTI 1550/1101 BLOCO 01
City-State-Zip:	BARRA DA TIJUCA RIO DE JANEIRO 22775-045

*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:** CARLOS DEL PRET CHAMBARELLI

MBR

03/03/2021

Electronic Signature of Signing Authorized Person(s) Detail

Date