2025 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 16, 2025
Secretary of State
1241667952CC

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Entity Name: CHF CARE P.L.L.C.

Current Principal Place of Business:

3853 NORTHDALE BLVD
SUITE 367
TAMPA, FL 33624

Current Mailing Address:

3853 NORTHDALE BLVD
SUITE 367
TAMPA, FL 33624 US

FEI Number: 84-5044964

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

AGOCHA, AUGUSTINE
3853 NORTHDALE BLVD SUITE 367
TAMPA, FL 33624 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

Authorized Person(s) Detail :

Title	AMBR
Name	AGOCHA, AUGUSTINE MD
Address	3853 NORTHDALE BLVD SUITE 367
City-State-Zip:	TAMPA FL 33624

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: AUGUSTINE AGOCHA AMBR 04/16/2025

Electronic Signature of Signing Authorized Person(s) Detail — Date