

2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000104063

Entity Name: COMMUNITY HEALTHCARE ALLIANCE INC.

Current Principal Place of Business:

785 OAKLEAF PLANTATION PKWY., #612
ORANGE PARK, FL 32065

Current Mailing Address:

785 OAKLEAF PLANTATION PKWY., #612
ORANGE PARK, FL 32065

FEI Number: 51-0549522

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

WILLIAMS, LATOYA
785 OAKLEAF PLANTATION PKWY., 612
ORANGE PARK, FL 32065 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 WILLIAMS, LATOYA
Address 785 OAKLEAF PLANTATION PKWY.,
#612
City-State-Zip: ORANGE PARK FL 32065

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: LATOYA WILLIAMS

PRESIDENT

02/28/2015

_____ Electronic Signature of Signing Officer/Director Detail

_____ Date