

**2025 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

P

02/17/2025

\_\_\_\_\_ Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_ Date