

2013 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000011070

Entity Name: CHRONIC CARE COORDINATORS, INC.

Current Principal Place of Business:

8860 S.W. 60TH AVENUE
MIAMI, FL 33156

Current Mailing Address:

200 S BISCAYNE BLVD.
SUITE 3900
MIAMI, FL 33131

FEI Number: 26-1874097

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

AUERBACH, MARC H
200 S. BISCAYNE BLVD.
SUITE 3900
MIAMI, FL 33131 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	PD
Name	REDONDO, ANDRES AMD
Address	8860 SW 60TH AVENUE
City-State-Zip:	PINECREST FL 33156

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: ANDRES REDONDO, M.D.

PRESIDENT

04/15/2013

Electronic Signature of Signing Officer/Director Detail

Date