

**2019 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P08000011070

**Entity Name:** CHRONIC CARE COORDINATORS, INC.

**Current Principal Place of Business:**

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

**Current Mailing Address:**

8860 SW 60TH AVENUE  
PINECREST, FL 33156 US

**FEI Number:** 26-1874097

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

AUERBACH, MARC H  
200 S. BISCAYNE BLVD.  
SUITE 3000  
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

**PRESIDENT**

**03/26/2019**

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

\_\_\_\_\_  
Date