

2023 FLORIDA PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P12000073770

Entity Name: COMMUNITY HEALTH SOLUTIONS OF AMERICA, INC.**Current Principal Place of Business:**6021 142ND AVE N
CLEARWATER, FL 33760-2822**Current Mailing Address:**6021 142ND AVE N
CLEARWATER, FL 33760-2822 US**FEI Number: 36-4517292****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**SCHMIDT, DALE F
6021 142ND AVE N
CLEARWATER, FL 33760-2822 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	CEO
Name	SCHMIDT, DALE F
Address	6021 142ND AVE N
City-State-Zip:	CLEARWATER FL 33760-2822

Title	CHAIRMAN
Name	SCHMIDT, DALE F
Address	6021 142ND AVE N
City-State-Zip:	CLEARWATER FL 33760-2822

Title	SEC/DIR
Name	SCHMIDT, DALE F
Address	6021 142ND AVE N
City-State-Zip:	CLEARWATER FL 33760-2822

Title	DIR
Name	PICKARD, JOHN D
Address	6021 142ND AVE N
City-State-Zip:	CLEARWATER FL 33760-2822

Title	DIR
Name	BARTON, MICHAEL V.
Address	6021 142ND AVE N
City-State-Zip:	CLEARWATER FL 33760-2822

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: DALE F. SCHMIDT**SECRETARY****12/21/2023**_____
Electronic Signature of Signing Officer/Director Detail_____
Date