

2023 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P12000073770

Entity Name: COMMUNITY HEALTH SOLUTIONS OF AMERICA, INC.**Current Principal Place of Business:**13600 ICOT BLVD
CLEARWATER, FL 33760-3703**Current Mailing Address:**13600 ICOT BLVD
CLEARWATER, FL 33760-3703 US**FEI Number: 36-4517292****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**SCHMIDT, DALE F
13600 ICOT BLVD
CLEARWATER, FL 33760-3703 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 13600 ICOT BLVD
City-State-Zip: CLEARWATER FL 33760-3703

Title CHAIRMAN
Name SCHMIDT, DALE F
Address 13600 ICOT BLVD
City-State-Zip: CLEARWATER FL 33760-3703

Title SEC/DIR
Name SCHMIDT, DALE F
Address 13600 ICOT BLVD
City-State-Zip: CLEARWATER FL 33760-3703

Title DIR
Name PICKARD, JOHN D
Address 13600 ICOT BLVD
City-State-Zip: CLEARWATER FL 33760-3703

Title DIR
Name BARTON, MICHAEL V.
Address 13600 ICOT BLVD
City-State-Zip: CLEARWATER FL 33760-3703

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**CEO****04/25/2023**

Electronic Signature of Signing Officer/Director Detail

Date