

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L08000102031

**Entity Name:** CMD HEALTH SYSTEMS LIMITED LIABILITY COMPANY

**Current Principal Place of Business:**

2525 PONCE DE LEON BOULEVARD,  
SUITE 300, CC. CONCIERGEMD SERVICES CORP.  
CORAL GABLES, FL 33134

**Current Mailing Address:**

POST OFFICE BOX, 332175  
MIAMI, FL 33233 US

**FEI Number:** 30-0583831

**Certificate of Status Desired:** Yes

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

ESHESIMUA, GODWIN WILLIAMS  
2525 PONCE DE LEON BOULEVARD,  
SUITE 300, CC. CONCIERGEMD SERVICES CORP.  
CORAL GABLES, FL 33134 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:** GODWIN W. ESHESIMUA

03/28/2024

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title	PRESIDENT/CEO	Title	AUTHORIZED MEMBER
Name	ESHESIMUA, GODWIN W	Name	OSIGHALA, PAUL UDUKHOMOSE MEMBER
Address	2525 PONCE DE LEON BOULEVARD, SUITE 300, CC. CONCIERGEMD SERVICES CORP.	Address	UNTERBREITENSTRASSE 12,8454
City-State-Zip:	CORAL GABLES FL 33134	City-State-Zip:	BUCHBERG 33233

*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 a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** GODWIN W. ESHESIMUA

PRESIDENT/CEO

03/28/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date