

2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L16000204345

Entity Name: COMMUNITY HEALTH SOLUTIONS OF AMERICA MSO, LLC

Current Principal Place of Business:

13600 ICOT BLVD., BLDG. A
CLEARWATER, FL 33760

Current Mailing Address:

13600 ICOT BLVD., BLDG. A
CLEARWATER, FL 33760 US

FEI Number: 81-4348491

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

SCHMIDT, DALE F
13600 ICOT BLVD., BLDG. A
CLEARWATER, FL 33760 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

Authorized Person(s) Detail :

Title AUTHORIZED MEMBER
Name COMMUNITY HEALTH SOLUTIONS OF AMERICA, INC.
Address 13600 ICOT BLVD., BLDG. A
City-State-Zip: CLEARWATER FL 33760

Title AUTHORIZED MEMBER
Name SCHMIDT, DALE F
Address 13600 ICOT BLVD., BLDG. A
City-State-Zip: CLEARWATER FL 33760

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: DALE F. SCHMIDT

AUTHORIZED MEMBER

04/03/2020

Electronic Signature of Signing Authorized Person(s) Detail

Date