

**2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L17000205479

**Entity Name:** COMMUNITY HEALTHCARE PRACTICES, LLC**Current Principal Place of Business:**7500 RIALTO BOULEVARD, BUILDING 1,  
SUITE 140  
AUSTIN, TX 78735**Current Mailing Address:**7500 RIALTO BOULEVARD, BUILDING 1,  
SUITE 140  
AUSTIN, TX 78735 US**FEI Number:** 82-2978760**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301 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:** CHRISTA PUGH, ASSISTANT SECRETARY

06/08/2020

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title AUTHORIZED MEMBER  
Name HNI OF FLORIDA, INC.  
Address 7500 RIALTO BOULEVARD, BUILDING  
1,  
SUITE 140  
City-State-Zip: AUSTIN TX 78735

Title CEO  
Name GONZALES, MICHAEL  
Address 7500 RIALTO BOULEVARD, BUILDING  
1,  
SUITE 140  
City-State-Zip: AUSTIN TX 78735

Title CFO  
Name UNG, OON SOO  
Address 7500 RIALTO BOULEVARD, BUILDING  
1,  
SUITE 140  
City-State-Zip: AUSTIN TX 78735

*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:** MICHAEL GONZALES

CEO

06/08/2020

Electronic Signature of Signing Authorized Person(s) Detail

Date