

2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L17000205479

Entity Name: COMMUNITY HEALTHCARE PRACTICES, LLC

Current Principal Place of Business:

481 21ST AVE S
NAPLES, FL 34102

Current Mailing Address:

481 21ST AVE S
NAPLES, FL 34102 US

FEI Number: 82-2978760

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

MARTIN, JOHN S III
481 21ST AVE S
NAPLES, FL 34102 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 CFO
Name HAYES, JENNIFER L
Address 30575 BAINBRIDGE RD
200
City-State-Zip: CLEVELAND OH 44139

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: JENNIFER HAYES

CFO

02/09/2019

Electronic Signature of Signing Authorized Person(s) Detail

Date