## 2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L10000065361

Entity Name: CITADEL MEDICAL ENTERPRISES, LLC

**Current Principal Place of Business:** 

% CARPENTER & BERGER 6400 N ANDREWS AVE., SUITE 370 FORT LAUDERDALE, FL 33309

# **Current Mailing Address:**

% CARPENTER & BERGER 6400 N ANDREWS AVE., SUITE 370 FORT LAUDERDALE, FL 33309 US

FEI Number: 27-3767578 Certificate of Status Desired: No

## Name and Address of Current Registered Agent:

CARPENTER, JOSEPH EJR. 6400 N ANDREWS AVE., SUITE 370 FORT LAUDERDALE, FL 33309 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

**FILED** Mar 21, 2014

**Secretary of State** 

CC2778401037

## Authorized Person(s) Detail:

Title	MANAGING MEMBER	Title	MANAGING MEMBER
Name	JCF MEDICAL HOLDINGS, INC.	Name	ZAPPA ENTERPRISES, LLC
Address	6400 N ANDREWS AVE., SUITE 370	Address	2290 SEVEN OAKS LANE

City-State-Zip: FORT LAUDERDALE FL 33309 City-State-Zip: PALM BEACH GARDENS FL 33410

Title MANAGING MEMBER Title MANAGING MEMBER

SCOTT FRENCH MD PA Name PRADO CONSULTING SERVICES INC Name 949 SOUTH SOUTHLAKE DRIVE Address 304 COPPER BAY ROAD Address

City-State-Zip: HOLLYWOOD FL 33019 City-State-Zip: NORDMAN ID 83848

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.