

**2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L14000053707

**Entity Name:** MITTA PRIMARY CARE "L.L.C."

**Current Principal Place of Business:**

2285 SW 80TH STREET  
OCALA, FL 34476

**Current Mailing Address:**

2285 SW 80TH STREET  
OCALA, FL 34476 US

**FEI Number:** 46-5294388

**Certificate of Status Desired:** No

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

MITTA, ANA I MRS.  
2285 SW 80TH STREET  
OCALA, FL 34476 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:** ANA MITTA

01/13/2020

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title MGR  
Name MITTA, ANA I MRS.  
Address 2285 SW 80TH STREET  
City-State-Zip: Ocala FL 34476

*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:** ANA MITTA

MANAGER

01/13/2020

Electronic Signature of Signing Authorized Person(s) Detail

Date