

**2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L16000050915

**Entity Name:** CITRUS PARK FAMILY CARE, LLC

**Current Principal Place of Business:**

6182 GUNN HWY  
TAMPA, FL 33625-4014

**Current Mailing Address:**

6182 GUNN HWY  
TAMPA, FL 33625-4014 US

**FEI Number: 81-1830508**

**Certificate of Status Desired: No**

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

YOUSEF, EMAD  
6182 GUNN HWY  
TAMPA, FL 33625 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            MBR  
Name            URGENT CARE EXPRESS, LLC  
Address        6182 GUNN HWY  
City-State-Zip: TAMPA FL 33625

*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: EMAD YOUSEF**

**MANAGER**

**04/28/2018**

\_\_\_\_\_ Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_ Date