# 2021 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

## Name and Address of Current Registered Agent:

PEIFFER, PAUL 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: PAUL PEIFFER

Electronic Signature of Registered Agent

## Authorized Person(s) Detail :

TitleMBRNameURGENT CARE EXPRESS, LLCAddress6182 GUNN HWYCity-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: PAUL PEIFFER

PRESIDENT

02/16/2021

Electronic Signature of Signing Authorized Person(s) Detail

FILED Feb 16, 2021 Secretary of State 7402357949CC

Certificate of Status Desired: Yes

02/16/2021 Date

Date