

2019 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

MGR

04/25/2019

Electronic Signature of Signing Authorized Person(s) Detail

Date