

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L16000165494

**Entity Name:** LAKE CITY MEDICAL PROPERTIES, LLC

**Current Principal Place of Business:**

3705 SOUTH HIGHWAY 27  
SUITE 201  
CLERMONT, FL 34711

**Current Mailing Address:**

3705 SOUTH HIGHWAY 27  
SUITE 201  
CLERMONT, FL 34711 US

**FEI Number:** APPLIED FOR

**Certificate of Status Desired:** No

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

SANTANA, DAVIAN  
3705 S. HWY 27  
SUITE 201  
CLERMONT, FL 34711 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 MGR  
Name DSS CAPITAL, LLC  
Address 3705 SOUTH HIGHWAY 27  
SUITE 201  
City-State-Zip: CLERMONT FL 34711

*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:** DAVIAN SANTANA

MGR

04/13/2023

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

\_\_\_\_\_  
Date