

2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L19000210375

Entity Name: CITRUS PHYSICIAN'S ALLIANCE, LLC

Current Principal Place of Business:

14918 N FLORIDA AVE
TAMPA, FL 33613

Current Mailing Address:

14918 N FLORIDA AVE
TAMPA, FL 33613 US

FEI Number: NOT APPLICABLE

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

RUGG, JOSEPH
14918 N FLORIDA AVE
TAMPA, FL 33613 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	Title	MGR
Name	ST. MARTIN, DACELIN	Name	DICKERT, ALEX J
Address	1990 N PROSPECT AVE	Address	905 N CITRUS AVE
City-State-Zip:	LECANTO FL 34461	City-State-Zip:	CRYSTAL RIVER FL 34428
Title	MGR		
Name	WOODS, JOHN		
Address	14918 N FLORIDA AVE		
City-State-Zip:	TAMPA FL 33613		

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: JOHN WOODS

MANAGER

04/30/2021

Electronic Signature of Signing Authorized Person(s) Detail

Date