

**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  
Name ST. MARTIN, DACELIN  
Address 1990 N PROSPECT AVE  
City-State-Zip: LECANTO FL 34461

Title MGR  
Name DICKERT, ALEX J  
Address 905 N CITRUS AVE  
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