

2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L19000210375

Entity Name: CITRUS PHYSICIAN'S ALLIANCE, LLC

Current Principal Place of Business:

1990 N PROSPECT AVE
LECANTO, FL 34461

Current Mailing Address:

1990 N PROSPECT AVE
LECANTO, FL 34461

FEI Number: NOT APPLICABLE

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

RUGG, JOSEPH
401 E JACKSON ST STE 3100
TAMPA, FL 33602 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 1990 N PROSPECT AVE
City-State-Zip: LECANTO FL 34461

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

MGR

06/30/2020

Electronic Signature of Signing Authorized Person(s) Detail

Date