

2023 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: WOODS , JOHN**MANAGER****05/01/2023**_____
Electronic Signature of Signing Authorized Person(s) Detail_____
Date