

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L21000400472

**Entity Name:** CITRUS HEALTH CENTER LLC

**Current Principal Place of Business:**

801 N. ORANGE AVE  
SUITE 710  
ORLANDO, FL 32801

**Current Mailing Address:**

801 N. ORANGE AVE  
SUITE 710  
ORLANDO, FL 32801 US

**FEI Number:** 87-2740267

**Certificate of Status Desired:** No

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

MANUEL NAYA JR, CPA  
225 S SWOOPE AVE  
SUITE 106  
MAITLAND, FL 32751 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:** MANUEL NAYA JR

03/21/2023

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title MGR  
Name WAITE, NORMA DR.  
Address 801 N. ORANGE AVE  
SUITE 760  
City-State-Zip: ORLANDO FL 32801

*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:** NORMA WAITE

MGR

03/21/2023

Electronic Signature of Signing Authorized Person(s) Detail

Date