

2022 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

03/02/2022

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title MGR
Name RODAS, RAUL
Address 801 N. ORANGE AVE
SUITE 710
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: RAUL RODAS

MGR

03/02/2022

Electronic Signature of Signing Authorized Person(s) Detail

Date