

2024 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:

LAW FIRM OF ALEX R. STAVROU
13046 RACE TRACK RD
#333
TAMPA, FL 33626-1302 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: ALEX R STAVROU, ESQ.

07/23/2024

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title COO, SECRETARY
Name CAGLIONE, CHRIS
Address 801 N. ORANGE AVE
 SUITE 710
City-State-Zip: ORLANDO FL 32801

Title MEMBER MANAGER
Name GARRIDO FAMILY TRUST
Address 28555 TWINBROOK LANE
City-State-Zip: WESLEY CHAPEL FL 33543

Title CHIEF MEDICAL OFFICER / MEDICAL
 DIRECTOR
Name RAMOS, RYAN MD
Address 801 N. ORANGE AVE
 SUITE 710
City-State-Zip: ORLANDO FL 32801

Title AUTHORIZED MANAGER /
 MANAGEMENT SERVICES
 ORGANIZATION
Name RESCUE HEALTH FOUNDATION, INC.
Address 818 CHESTNUT STEET.
City-State-Zip: CLEARWATER FL 33756

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: CHRIS CAGLIONE

COO/ SECRETARY

07/23/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date