

# **2012 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT**

DOCUMENT# L04000081690

**FILED**  
**May 05, 2012**  
**Secretary of State**

**Entity Name:** CITRUS FAMILY MEDICAL CENTER, LLC

**Current Principal Place of Business:**

1485 LEGENDS BLVD  
DAVENPORT, FL 33873 US

**New Principal Place of Business:**

**Current Mailing Address:**

2551 BOGGY CREEK ROAD  
KISSIMMEE, FL 34744 US

**New Mailing Address:**

**FEI Number:** 20-1860213

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

GAUCHAT, DIANA S  
2551 BOGGY CREEK ROAD  
KISSIMMEE, FL 34744 US

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

PALAZZOLO, ARLENE M  
2551 BOGGY CREEK ROAD  
KISSIMMEE, FL 34744 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: ARLENE PALAZZOLO

05/05/2012

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: PALAZZOLO, ARLENE M  
Address: 2551 BOGGY CREEK ROAD  
City-St-Zip: KISSIMMEE, FL 34744 US

I hereby certify that the information indicated on this 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 608, Florida Statutes.

SIGNATURE: ARLENE PALAZZOLO

MGRM

05/05/2012

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date