

**2023 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P05000061840

**Entity Name:** CITRUS PARK MEDICAL CARE INC.

**Current Principal Place of Business:**

6328 GUNN HWY  
B  
TAMPA, FL 33625

**Current Mailing Address:**

6328 GUNN HWY  
B  
TAMPA, FL 33625

**FEI Number:** 86-1112772

**Certificate of Status Desired:** Yes

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

MEHTA, SHITAL D.O.  
6328 GUNN HWY  
B  
TAMPA, FL 33625 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

**Officer/Director Detail :**

Title DO  
Name MEHTA, SHITAL  
Address 6328 GUNN HWY  
City-State-Zip: TAMPA FL 33625

*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 an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** SHITAL MEHTA

**OFFICER**

**03/31/2023**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date