

2025 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000061785

Entity Name: CITRUS UROLOGY CENTER, INC.**Current Principal Place of Business:**3075 W GULF TO LAKE HWY
LECANTO, FL 34461**Current Mailing Address:**PO BOX 1420
LECANTO, FL 34461 US**FEI Number:** 59-3387636**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**DESAUTEL, MICHAEL G MD
609 W. HIGHLAND BLVD.
INVERNESS, FL 34452 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:** MICHAEL G. DESAUTEL, MD

03/04/2025

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PRESIDENT
Name DESAUTEL, MICHAEL G DR.
Address 609 W HIGHLAND BLVD.
City-State-Zip: INVERNESS FL 34452

Title TREASURER
Name KUMAR, UDAYA DR.
Address 3475 S SUNCOAST BLVD.
City-State-Zip: HOMOSASSA SPRINGS FL 34448

Title DIRECTOR
Name DESAI, PARESH G DR.
Address 3475 S SUNCOAST BLVD.
City-State-Zip: HOMOSASSA SPRINGS FL 34448

Title DIRECTOR
Name SENERIZ, MANUEL DR.
Address 609 W HIGHLAND BLVD.
City-State-Zip: INVERNESS FL 34452

Title DIRECTOR
Name AYYATHURAI, RAJINIKANTH DR.
Address 609 W. HIGHLAND TERR.
City-State-Zip: INVERNESS FL 34452

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: MICHAEL DESAUTEL

PRESIDENT

03/04/2025

Electronic Signature of Signing Officer/Director Detail

Date