

**2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L08000023725

**Entity Name:** CITRUS PARK SURGERY CENTER, LLC

**Current Principal Place of Business:**

6326 GUNN HIGHWAY  
TAMPA, FL 33625

**Current Mailing Address:**

6326 GUNN HIGHWAY  
TAMPA, FL 33625

**FEI Number:** 26-2278332

**Certificate of Status Desired:** No

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

SIMON, SHAWN P ESQ.  
6322 GUNN HIGHWAY  
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:** SHAWN SIMON ESQ

05/04/2020

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title MGR  
Name NUCCI, ROBERT C  
Address 6322 GUNN HIGHWAY  
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 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:** ROBERT C NUCCI

MANAGER

05/04/2020

Electronic Signature of Signing Authorized Person(s) Detail

Date