

2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L17000197715

Entity Name: CITY HEALTHCARE, LLC

Current Principal Place of Business:

1920 DON WICKHAM DRIVE
SUITE 140
CLERMONT, FL 34711

Current Mailing Address:

1920 DON WICKHAM DRIVE
SUITE 140
CLERMONT, FL 34711 US

FEI Number: 82-2894531

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

MINHAS, AIZAZ
8430 EAGLE BROOK DR
LAND O LAKES, FL 34638 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

Authorized Person(s) Detail :

Title	AMBR	Title	AMBR
Name	MINHAS, AIZAZ	Name	RIAZ, AASMA
Address	8430 EAGLE BROOK DR	Address	8430 EAGLE BROOK DR
City-State-Zip:	LAND O LAKES FL 34638	City-State-Zip:	LAND O LAKES FL 34638

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: AIZAZ MINHAS

VP/MANAGER

03/01/2018

Electronic Signature of Signing Authorized Person(s) Detail

Date