

**2023 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  
1030 HARMONY LANE  
CLERMONT, FL 34711 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	1030 HARMONY LANE	Address	1030 HARMONY LN
City-State-Zip:	CLERMONT FL 34711	City-State-Zip:	CLERMONT FL 34711

*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

AMBR

01/21/2023

Electronic Signature of Signing Authorized Person(s) Detail

Date