

**2022 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L18000144125

**Entity Name:** CHITIZAN HEALTH, LLC**Current Principal Place of Business:**13883 WHITE HERON PLACE  
JACKSONVILLE, FL 32224-4804**Current Mailing Address:**13883 WHITE HERON PLACE  
JACKSONVILLE, FL 32224-4804 US**FEI Number:** 83-0865639**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**VAN HORN, DWIGHT AUSTIN  
13883 WHITE HERON PLACE  
JACKSONVILLE, FL 32224 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:** DWIGHT AUSTIN VAN HORN

02/15/2022

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title            PRESIDENT  
Name            VAN HORN, DWIGHT AUSTIN  
Address        13883 WHITE HERON PLACE  
City-State-Zip: JACKSONVILLE FL 32224-4804

Title            PRESIDENT  
Name            TAYLOR, MATTHEW  
Address        SITA INKERSALL GREEN  
City-State-Zip: CHESTERFIELD DERBYSHIRE  
                    S433HA

Title            PARTNER  
Name            STANLEY, JOHN JR.  
Address        471 WYCOFF AVE  
City-State-Zip: WYCOFF NJ 07481

*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:** DWIGHT AUSTIN VAN HORN

PRESIDENT

02/15/2022

Electronic Signature of Signing Authorized Person(s) Detail

Date