2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 11, 2024
Secretary of State
1462631308CC

DOCUMENT# L20000191646

Entity Name: CITRUS PREFERRED CLINIC, LLC

Current Principal Place of Business:

2525 HIGHWAY 44 W
INVERNESS , FL 34453

Current Mailing Address:

81 WEST ALBANY LANE
HERNANDO, FL 34442 US

FEI Number: 85-1997192

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CLAUDEL BOIS , LOUIS BERNADIN
81 WEST ALBANY LN
HERNANDO, FL 34442 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: LOUIS BERNADIN CLAUDEL BOIS 01/11/2024

Electronic Signature of Registered Agent — Date

Authorized Person(s) Detail :

Title	AMBR	Title	AMBR
Name	CLAUDEL BOIS, LOUIS BERNADIN	Name	DESAMOUR, JOSENIE
Address	81 WEST ALBANY LANE	Address	81 WEST ALBANY LN
City-State-Zip:	HERNANDO FL 34442	City-State-Zip:	HERNANDO FL 34442

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: CLAUDEL BOIS, LOUIS BERNADIN AMBR 01/11/2024

Electronic Signature of Signing Authorized Person(s) Detail — Date