

2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L20000191646

Entity Name: CITRUS PREFERRED CLINIC, LLC

Current Principal Place of Business:

81 WEST ALBANY LANE
HERNANDO, FL 34442

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:

DUCLAS & DUCLAS, LLC
10620 GRIFFIN ROAD
STE 101
COOPER CITY, FL 33328 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
Name CLAUDEL BOIS, LOUIS BERNADIN
Address 81 WEST ALBANY LANE
City-State-Zip: HERNANDO FL 34442

Title AMBR
Name DESAMOUR, JOSENIE
Address 18403 NW 9TH STREET
City-State-Zip: PEMBROKE PINES FL 33029

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: JOSENIE DESAMOUR

MEMBER

04/24/2021

Electronic Signature of Signing Authorized Person(s) Detail

Date