2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 04, 2024
Secretary of State
2066466412CC

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Entity Name: CROSSTOWN MEDICAL CENTERS LLC

Current Principal Place of Business:

1805 VIA LAGO DR
LAKELAND, FL 33810

Current Mailing Address:

PO BOX 91059
LAKELAND, FL 33804 US

FEI Number: 92-1276675

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

PARRISH & PARRISH CPAS PA
6700 S FLORIDA AVE., STE 19
LAKELAND, FL, USA, FL 33813 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	MGRM
Name	SINGH, JAPINDER
Address	PO BOX 91059
City-State-Zip:	LAKELAND FL 33804

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: JAPINDER SINGH MGRM 04/04/2024

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