


FILE NOW: FILING FEE IS \$61.25

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Mar 09 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **744441** (7)  
1. Corporation Name  
**CITRUS HEALTH NETWORK, INC.**



Principal Place of Business <b>4175 W 20TH AVE HIALEAH FL 33012</b>	Mailing Address <b>4175 W 20TH AVE HIALEAH FL 33012</b>
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3. Date Incorporated or Qualified <b>10/02/1978</b>	
4. FEI Number <b>59-1865751</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 25 Suite, Apt. #, etc. 26 City & State 27 Zip 28 Country
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9. Name and Address of Current Registered Agent <b>JARDON, MARIO E. 4175 W 20TH AVE HIALEAH, FL. FL 33012</b>	
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10. Name and Address of New Registered Agent	
81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	SD	1.1 TITLE	CD
NAME	ROCA, MARIA	1.2 NAME	Ruth Tinsman
STREET ADDRESS	4175 W. 20 AVE.	1.3 STREET ADDRESS	4175 W. 20th Avenue
CITY-ST-ZIP	HIALEAH FL 33012	1.4 CITY-ST-ZIP	Hialeah, Florida 33012
TITLE	D	2.1 TITLE	SD
NAME	ESTRADA, RAUL	2.2 NAME	Caridad Castro
STREET ADDRESS	4175 W 20TH AVE	2.3 STREET ADDRESS	4175 W. 20th Avenue
CITY-ST-ZIP	HIALEAH FL 33012	2.4 CITY-ST-ZIP	Hialeah, Florida 33012
TITLE	CD	3.1 TITLE	D
NAME	JOSEPH, JAY	3.2 NAME	
STREET ADDRESS	4175 W 20TH AVE	3.3 STREET ADDRESS	
CITY-ST-ZIP	HIALEAH FL 33012	3.4 CITY-ST-ZIP	
TITLE	SD	4.1 TITLE	D
NAME	CORTES-SUAREZ, GEORGINA	4.2 NAME	
STREET ADDRESS	4175 W 20TH AVE	4.3 STREET ADDRESS	
CITY-ST-ZIP	HIALEAH FL 33012	4.4 CITY-ST-ZIP	
TITLE	P	5.1 TITLE	
NAME	JARDON, MARIO E	5.2 NAME	
STREET ADDRESS	4175 W 20TH AVE	5.3 STREET ADDRESS	
CITY-ST-ZIP	HIALEAH FL	5.4 CITY-ST-ZIP	
TITLE	TD	6.1 TITLE	
NAME	CASTELLON, CARLOS	6.2 NAME	
STREET ADDRESS	4175 W 20TH AVE	6.3 STREET ADDRESS	
CITY-ST-ZIP	HIALEAH FL	6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Mario Jardon*

2/19/98 (205) 225-222

CR2E037 (10/97)