

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# 744441

FILED
Feb 05, 2002 8:00 AM
Secretary of State

Entity Name: CITRUS HEALTH NETWORK, INC.

Current Principal Place of Business:

4175 W 20TH AVE
HIALEAH, FL 33012

New Principal Place of Business:

Current Mailing Address:

4175 W 20TH AVE
HIALEAH, FL 33012

New Mailing Address:

FEI Number: 59-1865751

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

JARDON, MARIO E.
4175 W 20TH AVE
HIALEAH, FL., FL 33012 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: THOMPSON, RAMONA
Address: 4175 W. 20 AVE.
City-St-Zip: HIALEAH, FL 33012

Title: D () Delete
Name: TINSMAN, RUTH
Address: 4175 W 20TH AVE
City-St-Zip: HIALEAH, FL 33012

Title: CD () Delete
Name: CASTRO, CARIDAD
Address: 4175 W 20TH AVE
City-St-Zip: HIALEAH, FL 33012

Title: SD () Delete
Name: MACKAY, KATHLEEN
Address: 4175 W 20TH AVE
City-St-Zip: HIALEAH, FL 33012

Title: TD () Delete
Name: PEREZ, EDUARDO
Address: 4175 W 20TH AVE
City-St-Zip: HIALEAH, FL 33012

Title: VCD () Delete
Name: CROYS DALE, PATRICIA
Address: 4175 W 20TH AVENUE
City-St-Zip: HIALEAH, FL 33102

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
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Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further 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 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CARIDAD CASTRO

CD

02/05/2002

Electronic Signature of Signing Officer or Director

Date