

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 30, 2007 8:00 am**  
**Secretary of State**

04-30-2007 90827 027 \*\*\*\*70.00

**DOCUMENT # N04000009161**

1. Entity Name  
**CITRUSMED, INC.**



Principal Place of Business  
**4175 WEST 20TH AVENUE  
HIALEAH, FL 33012**

Mailing Address  
**4175 WEST 20TH AVENUE  
HIALEAH, FL 33012**



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

03132007 Chg-NP CR2E037 (12/06)

City & State

City & State

4. FEI Number  
**59-1865751**

Applied For  
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**JARDON, MARIO E  
4175 WEST 20TH AVENUE  
HIALEAH, FL 33012**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is \$61.25  
Due by May 1, 2007**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**Make check payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	C THOMPSON, RAMONA 4175 W 20TH AVE HIALEAH, FL 33012	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T COVERSON, TYRONE 4175 W 20TH AVE HIALEAH, FL 33012	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S BISHOP, JILL 4175 W 20TH AVE HIALEAH, FL 33012	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VC CROYSDALE, PATRICIA 4175 WEST 20TH AVE HIALEAH, FL 33012	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D THOMPSON, RAMONA 4175 W 20 AVE HIALEAH, FL 33012	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S/D SANJUAN, MARIA 4175 W 20 AVE HIALEAH, FL 33012	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VC/D BISHOP, JILL 4175 W 20 AVE HIALEAH, FL 33012	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C/D CROYSDALE, PATRICIA 4175 W 20 AVE HIALEAH, FL 33012	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CASTRO, CARIDAD 4175 W 20 AVE HIALEAH, FL 33012	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CLARKE, CYNTHIA 4175 W 20 AVE HIALEAH, FL 33012	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** *Mario E. Jardon* **MARIO E. JARDON**

4/24/07 305-424-3000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

ATTACHMENT

40092548

**Officers and Directors of  
CITRUSMED, Inc.**

**Document #N04000009161**

**Mario E. Jardon, P  
4175 West 20<sup>th</sup> Avenue  
Hialeah, Florida 33012**

**Eduardo Perez, D  
4175 West 20<sup>th</sup> Avenue  
Hialeah, Florida 33012**

**Georgina Cortes-Suarez, D  
4175 West 20<sup>th</sup> Avenue  
Hialeah, Florida 33012**

**Ruth Tinsman, D  
4175 West 20<sup>th</sup> Avenue  
Hialeah, Florida 33012**

**Jay Joseph, D  
4175 West 20<sup>th</sup> Avenue  
Hialeah, Florida 33012**

**Gil Lopez, D  
4175 West 20<sup>th</sup> Avenue  
Hialeah, Florida 33012**

**Richard Maranon, D  
4175 West 20<sup>th</sup> Avenue  
Hialeah, Florida 33012**

**Thomas McIntosh, D  
4175 West 20<sup>th</sup> Avenue  
Hialeah, Florida 33012**