2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2007 8:00 am
Secretary of State
04-30-2007 90827 029 ****70.00

DOCUMENT # 744441

1. Entity Name
CITRUS HEALTH NETWORK, INC.

Principal Place of Business	Mailing Address
4175 W 20TH AVE HIALEAH, FL 33012	4175 W 20TH AVE HIALEAH, FL 33012

03132007 Chg-NP CR2E037 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 59-1865751 ☐ Applied For ☐ Not Applicable

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 W 20TH AVE HIALEAH, FL., 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	VC CROUSDALE, PATRICIA 4175 WEST 20TH AVENUE HIALEAH, FL 33012	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	C/D CROYSDALE, PATRICIA 4175 W 20 AVE Hialeah, FL. 33012	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S BISHOP, JILL 4175 W 20TH AVE HIALEAH, FL 33012	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VC/D BISHOP, JILL 4175 W 20 AVE HIALEAH, FL 33012	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T COVERSON, TYRONE 4175 W 20TH AVENUE HIALEAH, FL 33102	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S/D SANJUAN, MARIA 4175 W 20 AVE. HIALEAH, FL 33012	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D CASTRO, CARIDAD 4175 W 20 AVE. HIALEAH, FL. 33012	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D CLARKE, CYNTHIA 4175 W 20 AVE HIALEAH, FL 33012	☐ Change ☒ 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 Jardon Mario E. Jardon President 4/24/07 305-424-3000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

ATTACHMENT 400925460

Officers and Directors of
Citrus Health Network, Inc.
Document #744441

Mario E. Jardon, P
4175 West 20th Avenue
Hialeah, Florida 33012

Eduardo Perez, D
4175 West 20th Avenue
Hialeah, Florida 33012

Georgina Cortes-Suarez, D
4175 West 20th Avenue
Hialeah, Florida 33012

Ruth Tinsman, D
4175 West 20th Avenue
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Jay Joseph, D
4175 West 20th Avenue
Hialeah, Florida 33012

Gil Lopez, D
4175 West 20th Avenue
Hialeah, Florida 33012

Richard Maranon, D
4175 West 20th Avenue
Hialeah, Florida 33012

Thomas McIntosh, D
4175 West 20th Avenue
Hialeah, Florida 33012

Ramona Thompson, D
4175 West 20th Avenue
Hialeah, Florida 33012