

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 03, 2008 8:00 am
Secretary of State

03-03-2008 90193 025 ****61.25

DOCUMENT # 744441 1. Entity Name CITRUS HEALTH NETWORK, INC.					
Principal Place of Business 4175 W 20TH AVE HIALEAH, FL 33012			Mailing Address 4175 W 20TH AVE HIALEAH, FL 33012		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number 59-1865751	
5. Certificate of Status Desired ☐				Applied For ☐ Not Applicable	
6. Name and Address of Current Registered Agent JARDON, MARIO E 4175 W 20TH AVE HIALEAH, FL., FL 33012				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	
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.				FL Zip Code	
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, 2008		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	CD CROYSDALE, PATRICIA 4175 W 20 AVE HIALEAH, FL 33012	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	please see additions attached. ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VCD BISHOP, JILL 4175 W 20TH AVE HIALEAH, FL 33012	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ 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	SD SANJUAN, MARIA 4175 W 20 AVE HIALEAH, FL 33012	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CASTRO, CARIDAD 4175 W 20 AVE HIALEAH, FL 33012	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CLARKE, CYNTHIA 4175 W 20 AVE HIALEAH, FL 33012	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ 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: <i>Mario E. Jardon</i> Mario E. Jardon, Pres.					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					
Date Daytime Phone #					

ATTACHMENT

40036602

ATTACHMENT

(Section 11)

CITRUS HEALTH NETWORK, INC

DOCUMENT # 744441

**ADDITIONS TO ANNUAL REPORT
2008/OFFICERS AND DIRECTORS**

GINA CORTES-SUAREZ, D
4175 W 20 AVE.
HIALEAH, FL 33012

JAY JOSEPH, D
4175 W 20 AVE.
HIALEAH, FL 33012

GIL LOPEZ, D
4175 W 20 AVE.
HIALEAH, FL 33012

RICHARD MARANON, D
4175 W 20 AVE.
HIALEAH, FL 33012

THOMAS MCINTOSH, D
4175 W 20 AVE.
HIALEAH, FL 33012

EDUARDO PEREZ, D
4175 W 20 AVE.
HIALEAH, FL 33012

RUTH TINSMAN, D
4175 W 20 AVE.
HIALEAH, FL 33012

RAMONA THOMPSON
4175 W 20 AVE.
HIALEAH, FL 33012

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