2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 17, 2009
Secretary of State

DOCUMENT# N04000009161

Entity Name: CITRUSMED, INC.

Current Principal Place of Business:

4175 WEST 20TH AVENUE
HIALEAH, FL 33012

New Principal Place of Business:

Current Mailing Address:

4175 WEST 20TH AVENUE
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 WEST 20TH AVENUE
HIALEAH, 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 20TH AVE	
City-St-Zip:	HIALEAH, FL 33012	
Title:	T	( ) Delete
Name:	COVERSON, TYRONE	
Address:	4175 W 20TH AVE	
City-St-Zip:	HIALEAH, FL 33012	
Title:	VCD	( ) Delete
Name:	BISHOP, JILL	
Address:	4175 W 20TH AVE	
City-St-Zip:	HIALEAH, FL 33012	
Title:	CD	( ) Delete
Name:	CROYSDALE, PATRICIA	
Address:	4175 WEST 20TH AVE	
City-St-Zip:	HIALEAH, FL 33012	
Title:	SD	( ) Delete
Name:	SANJAUN, MARIA	
Address:	4175 W 20 AVE	
City-St-Zip:	HIALEAH, FL 33012	
Title:	D	( ) Delete
Name:	CLARKE, CYNTHIA	
Address:	4175 W 20 AVE	
City-St-Zip:	HIALEAH, FL 33012	

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
Name:	
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 exemption stated 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 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: MARIO E. JARDON PRES 03/17/2009

Electronic Signature of Signing Officer or Director — Date