

# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000009161

FILED  
Mar 24, 2011  
Secretary of State

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: C/D  
Name: COVERSON, TYRONE  
Address: 4175 W 20TH AVE  
City-St-Zip: HIALEAH, FL 33012

Title: VC/D  
Name: SANJUAN, MARIA  
Address: 4175 W 20TH AVE  
City-St-Zip: HIALEAH, FL 33012

Title: S/D  
Name: BAKER-HOOVER, SANDY  
Address: 4175 W 20TH AVE  
City-St-Zip: HIALEAH, FL 33012

Title: T/D  
Name: FORTE, JORGE  
Address: 4175 WEST 20TH AVE  
City-St-Zip: HIALEAH, FL 33012

Title: PCEO  
Name: JARDON, MARIO E  
Address: 4175 W 20TH AVENUE  
City-St-Zip: HIALEAH, FL 33012

I hereby 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 all other like empowered.

SIGNATURE: MARIO E. JARDON

PCEO

03/24/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date