

744411

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

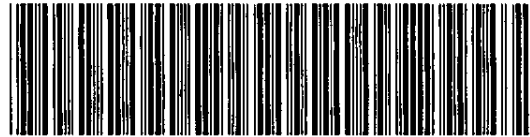
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



900250172469

08/14/13--01014--003 \*\*35.00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

18 SEP -4 PM 12:34

FILED

Amd

SEP. -6 2013

R. WHITE

## TRANSMITTAL LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Citrus Health Network, Inc.  
(Name of Corporation)

**DOCUMENT NUMBER:** 744441

The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

**Mario Jardon**

(Name of Person)

**Citrus Health Network, Inc.**

(Name of Firm/Company)

**4175 West 20 Ave.**

(Address)

**Hialeah, FL 33012**

(City/State and Zip Code)

For further information concerning this matter, please call:

**Mario Jardon**

(Name of Person)

at ( **305** ) **424-3100**

(Area Code & Daytime Telephone Number)

Enclosed is a check for \$35.00 made payable to the Florida Department of State.

**Mailing Address:**

Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**

Amendment Section  
Division of Corporations  
2661 Executive Center Circle  
Tallahassee, FL 32301



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

CITRUS HEALTH NETWORK

AUG 29 2013

ADMINISTRATION

August 19, 2013

MARIO JARDON  
CITRUS HEALTH NETWORK INC  
4175 WEST 20 AVE  
HIALEAH, FL 33012 US

SUBJECT: CITRUS HEALTH NETWORK, INC.  
Ref. Number: 744441

We have received your document for CITRUS HEALTH NETWORK, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document submitted cannot be filed to make changes in the officers/directors of a corporation. Enclosed is the correct form for making these changes.

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Rebekah White  
Regulatory Specialist II

Letter Number: 913A00019767



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

August 19, 2013

MARIO JARDON  
CITRUS HEALTH NETWORK INC  
4175 WEST 20 AVE  
HIALEAH, FL 33012 US

SUBJECT: CITRUS HEALTH NETWORK, INC.  
Ref. Number: 744441

We have received your document for CITRUS HEALTH NETWORK, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document submitted cannot be filed to make changes in the officers/directors of a corporation. Enclosed is the correct form for making these changes.

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Rebekah White  
Regulatory Specialist II

Letter Number: 913A00019767

**COVER LETTER**

TO: Amendment Section  
Division of Corporations

NAME OF CORPORATION: Citrus Health Network, Inc.

DOCUMENT NUMBER: 744441

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Mario Jardon

(Name of Contact Person)

Citrus Health Network, Inc.

(Firm/ Company)

4175 West 20 Ave.

(Address)

Hialeah, FL 33012

(City/ State and Zip Code)

mario@citrushealth.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Maria Alonso

(Name of Contact Person)

at ( 305 ) 424-3100

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount made payable to the Florida Department of State:

☒ \$35 Filing Fee

☐ \$43.75 Filing Fee &  
Certificate of Status

☐ \$43.75 Filing Fee &  
Certified Copy  
(Additional copy is  
enclosed)

☐ \$52.50 Filing Fee  
Certificate of Status  
Certified Copy  
(Additional Copy is  
Enclosed)

(Submitted  
previously)

**Mailing Address**

Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address**

Amendment Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

RECEIVED

13 SEP -4 AM 10:04

AMENDMENT SECTION  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FL 32314

Articles of Amendment  
to  
Articles of Incorporation  
of

FILED

13 SEP -4 PM 12:34

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Citrus Health Network, Inc.

(Name of Corporation as currently filed with the Florida Dept. of State)

744441

(Document Number of Corporation (if known))

Pursuant to the provisions of section 617.1006, Florida Statutes, this *Florida Not For Profit Corporation* adopts the following amendment(s) to its Articles of Incorporation:

**A. If amending name, enter the new name of the corporation:**

n/a

The new

name must be distinguishable and contain the word "corporation" or "incorporated" or the abbreviation "Corp." or "Inc." "Company" or "Co." may not be used in the name.

**B. Enter new principal office address, if applicable:**

n/a

(Principal office address MUST BE A STREET ADDRESS)

**C. Enter new mailing address, if applicable:**

n/a

(Mailing address MAY BE A POST OFFICE BOX)

**D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:**

Name of New Registered Agent:

n/a

(Florida street address)

New Registered Office Address:

n/a

(City)

, Florida

(Zip Code)

**New Registered Agent's Signature, if changing Registered Agent:**

I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

Signature of New Registered Agent, if changing

**If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added:**

*(Attach additional sheets, if necessary)*

*Please note the officer/director title by the first letter of the office title:*

*P = President; V= Vice President; T= Treasurer; S= Secretary; D= Director; TR= Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.*

*Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.*

Example:

<input checked="" type="checkbox"/> Change	<u>PT</u>	<u>John Doe</u>
<input checked="" type="checkbox"/> Remove	<u>V</u>	<u>Mike Jones</u>
<input checked="" type="checkbox"/> Add	<u>SV</u>	<u>Sally Smith</u>

<u>Type of Action</u> (Check One)	<u>Title</u>	<u>Name</u>	<u>Address</u>
1) <input type="checkbox"/> Change	<u>CD</u>	<u>Jorge Forte</u>	<u>4175 West 20 Ave.</u>
<input type="checkbox"/> Add			<u>Hialeah, FL 33012</u>
<input checked="" type="checkbox"/> Remove			<u></u>
2) <input checked="" type="checkbox"/> Change	<u>CD</u>	<u>Maria T. San Juan</u>	<u>4175 West 20 Ave.</u>
<input type="checkbox"/> Add			<u>Hialeah, FL 33012</u>
<input type="checkbox"/> Remove			<u></u>
3) <input type="checkbox"/> Change	<u></u>	<u></u>	<u></u>
<input type="checkbox"/> Add			<u></u>
<input type="checkbox"/> Remove			<u></u>
4) <input type="checkbox"/> Change	<u></u>	<u></u>	<u></u>
<input type="checkbox"/> Add			<u></u>
<input type="checkbox"/> Remove			<u></u>
5) <input type="checkbox"/> Change	<u></u>	<u></u>	<u></u>
<input type="checkbox"/> Add			<u></u>
<input type="checkbox"/> Remove			<u></u>
6) <input type="checkbox"/> Change	<u></u>	<u></u>	<u></u>
<input type="checkbox"/> Add			<u></u>
<input type="checkbox"/> Remove			<u></u>

**E. If amending or adding additional Articles, enter change(s) here:**  
(attach additional sheets, if necessary). (Be specific)

n/a



The date of each amendment(s) adoption: 8/6/2013, if other than the date this document was signed.

Effective date if applicable: 8/6/2013  
(no more than 90 days after amendment file date)

Adoption of Amendment(s) (CHECK ONE)

- ☒ The amendment(s) was/were adopted by the members and the number of votes cast for the amendment(s) was/were sufficient for approval.
- ☐ There are no members or members entitled to vote on the amendment(s). The amendment(s) was/were adopted by the board of directors.

Dated

Signature

9/3/13  
Mario Jardon  
(By the chairman or vice chairman of the board, president or other officer-if directors have not been selected, by an incorporator - if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)

Mario Jardon

(Typed or printed name of person signing)

President & C.E.O.

(Title of person signing)