

2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# 744441

FILED
Jan 29, 2003
Secretary of State

Entity Name: CITRUS HEALTH NETWORK, INC.

Current Principal Place of Business:

4175 W 20TH AVE
HIALEAH, FL 33012

New Principal Place of Business:

Current Mailing Address:

4175 W 20TH AVE
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 W 20TH AVE
HIALEAH, FL., FL 33012 US

Name and Address of New Registered Agent:

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

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: MARIO E. JARDON

01/29/2003

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: THOMPSON, RAMONA
Address: 4175 W. 20 AVE.
City-St-Zip: HIALEAH, FL 33012

Title: D () Delete
Name: TINSMAN, RUTH
Address: 4175 W 20TH AVE
City-St-Zip: HIALEAH, FL 33012

Title: CD () Delete
Name: CASTRO, CARIDAD
Address: 4175 W 20TH AVE
City-St-Zip: HIALEAH, FL 33012

Title: SD () Delete
Name: MACKAY, KATHLEEN
Address: 4175 W 20TH AVE
City-St-Zip: HIALEAH, FL 33012

Title: TD () Delete
Name: PEREZ, EDUARDO
Address: 4175 W 20TH AVE
City-St-Zip: HIALEAH, FL 33012

Title: VCD () Delete
Name: CROYSdale, PATRICIA
Address: 4175 W 20TH AVENUE
City-St-Zip: HIALEAH, FL 33102

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VC/D (X) Change () Addition
Name: THOMPSON, RAMONA
Address: 4175 W. 20 AVE.
City-St-Zip: HIALEAH, FL 33012

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: MACKAY, KATHLEEN
Address: 4175 W 20TH AVE
City-St-Zip: HIALEAH, FL 33012

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: SD (X) Change () Addition
Name: COVERSON, TYRONE
Address: 4175 W 20TH AVENUE
City-St-Zip: HIALEAH, FL 33102

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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

P

01/29/2003

Electronic Signature of Signing Officer or Director

Date

JILL BISHOP, D
4175 W. 20 AVENUE
HIALEAH, FL 33012

CAROL RUMBLE
4175 W. 20 AVENUE
HIALEAH, FL 33012

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

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

CYNTHIA CLARKE, D
4175 W. 20 AVENUE
HIALEAH, FL 33012

PATRICIA CROYSDALE, D
4175 W. 20 AVENUE
HIALEAH, FL 33012

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