

2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 744441

Entity Name: CITRUS HEALTH NETWORK, INC.**Current Principal Place of Business:**4175 W 20TH AVE
HIALEAH, FL 33012**Current Mailing Address:**4175 W 20TH AVE
HIALEAH, FL 33012**FEI Number:** 59-1865751**Certificate of Status Desired:** Yes**Name and Address of Current 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:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**

Title PRESIDENT AND CEO
Name JARDON, MARIO
Address 4175 W 20 AVE
City-State-Zip: HIALEAH FL 33012

Title TREASURER
Name SANJUAN, MARIA
Address 4175 W 20TH AVENUE
City-State-Zip: HIALEAH FL 33102

Title OTHER
Name LOPEZ, GIL DR.
Address 4175 W 20 AVE
City-State-Zip: HIALEAH FL 33012

Title SECRETARY
Name CASTRO, CARIDAD DR.
Address 4175 W 20TH AVE
City-State-Zip: HIALEAH FL 33012

Title OTHER
Name CORTES-SUAREZ, GEORGINA DR.
Address 4175 W 20TH AVE
City-State-Zip: HIALEAH FL 33012

Title OTHER
Name COVERSON, TYRONE L.
Address 4175 W 20TH AVE
City-State-Zip: HIALEAH FL 33012

Title CHAIRPERSON
Name CROYS DALE, PATRICIA
Address 4175 W 20TH AVE
City-State-Zip: HIALEAH FL 33012

Title VC
Name FRANCO, FERNANDO
Address 4175 W 20TH AVE
City-State-Zip: HIALEAH FL 33012

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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 JARDON**PRESIDENT & CEO****01/21/2020**_____
Electronic Signature of Signing Officer/Director Detail_____
Date

Officer/Director Detail Continued :

Title	OTHER	Title	MEMBER AT LARGE
Name	ARNER, ALICIA	Name	CLARKE-TROTMAN, PAULINE
Address	4175 W 20TH AVE	Address	4175 W 20TH AVE
City-State-Zip:	HIALEAH FL 33012	City-State-Zip:	HIALEAH FL 33012