

**2013 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            CD  
Name            FORTE, JORGE  
Address        4175 W 20TH AVE  
City-State-Zip: HIALEAH FL 33012

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

Title            TD  
Name            PEREZ, EDUARDO  
Address        4175 W 20 AVE  
City-State-Zip: HIALEAH FL 33012

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

Title            D  
Name            TAYLOR, CURTIS A  
Address        4175 W 20 AVE  
City-State-Zip: HIALEAH FL 33012

Title            DIRECTOR  
Name            HOOVER, SANDRA B.  
Address        4175 W 20TH AVE  
City-State-Zip: HIALEAH FL 33012

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

**Continues on page 2**

*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****PRESIDENT AND CEO****04/29/2013**\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

Title DIRECTOR  
Name CLARKE, CYNTHIA DR.  
Address 4175 W 20TH AVE  
City-State-Zip: HIALEAH FL 33012

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

Title DIRECTOR  
Name JOSEPH, JAY  
Address 4175 W 20TH AVE  
City-State-Zip: HIALEAH FL 33012

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

Title DIRECTOR  
Name CROYSDALE, PATRICIA  
Address 4175 W 20TH AVE  
City-State-Zip: HIALEAH FL 33012