

**2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N04000009161

**Entity Name:** CITRUSMED, INC.

**Current Principal Place of Business:**

4175 WEST 20TH AVENUE  
HIALEAH, FL 33012

**Current Mailing Address:**

4175 WEST 20TH AVENUE  
HIALEAH, FL 33012

**FEI Number:** 59-1865751

**Certificate of Status Desired:** Yes

**Name and Address of Current Registered Agent:**

JARDON, MARIO E  
4175 WEST 20TH AVENUE  
HIALEAH, 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 DIRECTOR  
Name SANJUAN, MARIA  
Address 4175 W 20TH AVE  
City-State-Zip: HIALEAH FL 33012

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

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

Title CHAIRMAN  
Name CASTRO, CARIDAD DR.  
Address 4175 WEST 20TH AVENUE  
City-State-Zip: HIALEAH FL 33012

Title SECOND MEMBER AT LARGE  
Name CORTES-SUAREZ, GEORGINA  
Address 4175 WEST 20TH AVENUE  
City-State-Zip: HIALEAH FL 33012

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

Title SECRETARY  
Name CROYS DALE, PATRICIA  
Address 4175 WEST 20TH AVENUE  
City-State-Zip: HIALEAH FL 33012

Title VC  
Name FRANCO, FERNANDO  
Address 4175 WEST 20TH AVENUE  
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 AND CEO**

**02/05/2024**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

Title DIRECTOR  
Name ARNER, ALICIA  
Address 4175 WEST 20TH AVENUE  
City-State-Zip: HIALEAH FL 33012

Title DIRECTOR  
Name DEL CUETO, JOSE  
Address 4175 WEST 20TH AVENUE  
City-State-Zip: HIALEAH FL 33012

Title DIRECTOR  
Name BOHRER, SANFORD  
Address 4175 WEST 20TH AVENUE  
City-State-Zip: HIALEAH FL 33012

Title DIRECTOR  
Name PEREZ, RICHARD  
Address 4175 WEST 20TH AVENUE  
City-State-Zip: HIALEAH FL 33012

Title MEMBER AT LARGE  
Name CLARKE-TROTMAN, PAULINE  
Address 4175 WEST 20TH AVENUE  
City-State-Zip: HIALEAH FL 33012

Title DIRECTOR  
Name ESPOSITO, KARIN FENDL  
Address 4175 W 20TH AVE  
City-State-Zip: HIALEAH FL 33012

Title TREASURER  
Name PAVONE, KARINA  
Address 4175 WEST 20TH AVENUE  
City-State-Zip: HIALEAH FL 33012