

2015 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 PEREZ, EDUARDO
Address 4175 W 20TH AVE
City-State-Zip: HIALEAH FL 33012

Title D, CHAIRMAN
Name SANJUAN, MARIA
Address 4175 W 20TH AVE
City-State-Zip: HIALEAH FL 33012

Title S/D
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 DIRECTOR
Name HOOVER, SANDY
Address 4175 WEST 20TH AVENUE
City-State-Zip: HIALEAH FL 33012

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

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

Title DIRECTOR, VC
Name CORTES-SUAREZ, GEORGINA
Address 4175 WEST 20TH AVENUE
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**C.E.O****03/23/2015**

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

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

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

Title DIRECTOR
Name FRANCO, FERNANDO
Address 6895 BAMBOO STREET
City-State-Zip: MIAMI LAKE FL 33014

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

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