

2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000007304

Entity Name: CITRUS HEALTH HOLDINGS, INC.**Current Principal Place of Business:**4175 W. 20 AVE.
HIALEAH, FL 33012**Current Mailing Address:**4175 W. 20 AVE.
HIALEAH, FL 33012**FEI Number:** 74-3232483**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**JARDON, MARIO E
4174 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 PRESIDENT, CEO
Name JARDON, MARIO
Address 4175 W. 20 AVE.
City-State-Zip: HIALEAH FL 33012

Title D, VICE CHAIR
Name CROYSDALE, PATRICIA
Address 4175 W. 20 AVE.
City-State-Zip: HIALEAH FL 33012

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

Title D, TREASURER
Name COVERSON, TYRONE
Address 4175 W. 20 AVE.
City-State-Zip: HIALEAH FL 33012

Title D, IMMEDIATE PAST PRESIDENT
Name SANJUAN, MARIA
Address 4175 W. 20 AVE.
City-State-Zip: HIALEAH FL 33012

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

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

Title DIRECTOR
Name CASTRO, CARIDAD DR.
Address 4175 W. 20 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 AND CEO****01/25/2019**_____
Electronic Signature of Signing Officer/Director Detail_____
Date

Officer/Director Detail Continued :

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

Title OTHER
Name ARNER, ALICE
Address 4175 W. 20 AVE.
City-State-Zip: HIALEAH FL 33012

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

Title OTHER
Name CLARKE-TROTMAN, PAULINE
Address 4175 W. 20 AVE.
City-State-Zip: HIALEAH FL 33012