

**2024 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:** Yes**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            SECRETARY  
Name            CROYSDALE, PATRICIA  
Address        4175 W. 20 AVE.  
City-State-Zip: HIALEAH FL 33012

Title            SECOND MEMBER AT LARGE  
Name            CORTES SUAREZ, GEORGINA  
Address        4175 W. 20 AVE.  
City-State-Zip: HIALEAH FL 33012

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

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

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

Title            VC  
Name            FRANCO, FERNANDO  
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

**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 JARDON****PRESIDENT AND CEO****02/05/2024**

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

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

Title DIRECTOR  
Name DEL CUETO, JOSE  
Address 4175 W. 20 AVE.  
City-State-Zip: HIALEAH FL 33012

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

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

Title TREASURER  
Name PAVONE, KARINA  
Address 4175 W. 20 AVE.  
City-State-Zip: HIALEAH FL 33012