2000 UNIFORM BUSINESS REPORT (UBR)

2000 UNIFORM BUSINESS REPORT (UBR)					FILED			
DOCUMEN 1. Entity Name	NT # 744441			Fe	b 22, 200	0 8:00	am	
CITRUS HEAL	TH NETWORK, INC.				ecretary 02-22-2000 90021			
Principal Place of Bus	siness	Mailing Address						
4175 W 20TH AVE HIALEAH FL 33012		4175 W 20TH AVE HIALEAH FL 33012-5874			DUV	~~~~		
2. Principal Place of Business		3. Mailing Acldress) 		
Suite, Apt. #, etc.		Suite, Apt. #, etc.			DO NOT WRITE IN T	HIS SPACE		
City & State		City & State	·	4. FEI Numbe	59-1865751		oplied For ot Applicable	
Zip	Country	Zip	Country	5. Certificate	of Status Desired	\$8.75 Add	ditional	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent Name					
	_			ddress (P.O. Box Number	r is Not Acceptable)			
JARDON, MARIO E. 4175 W 20TH AVE								
HIALEAH, FL. FL	33012		City			FL Zip Cod	le	
8. The above named	entity submits this statement	for the purpose of changing its re	egistered office or i	registered agent, or both		· -		
	Maria Az	0						
SIGNATURESIgnature	typed or printed name of registered age	ent and title if applicable (NOTE:	Registered Agent signatur	re required when reinstating)	D	ATE		
Signature	1							
Signature	typed or printed name of registered lige. ILE NOW: E IS \$61.25	9. Election Campaign Trust Fund Contribut	Financing	\$5.00 May Be Added to Fees	Make Che	eck Payable to nent of State	 	
Signature, FE FE	LE NOW:	9. Election Campaign Trust Fund Contribut	Financing	\$5.00 May Be Added to Fees	Make Che	eck Payable to nent of State		
FIE TO. TITLE VCD	ILE NOW: E IS \$61.25	9. Election Campaign Trust Fund Contribut	Financing tion.	\$5.00 May Be Added to Fees ADDITIONS/CHA	Make Che Departn NGES TO OFFICERS AN	eck Payable to nent of State		
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indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered. ME OF SIGNING OFFICER OF DIRECTOR