

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 26, 2004 8:00 am**  
**Secretary of State**

01-26-2004 90017 031 \*\*\*\*70.00

<b>DOCUMENT # 744441</b> 1. Entity Name <b>CITRUS HEALTH NETWORK, INC.</b>					
Principal Place of Business <b>4175 W 20TH AVE HIALEAH, FL 33012</b>			Mailing Address <b>4175 W 20TH AVE HIALEAH, FL 33012</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
<b>8. Name and Address of Current Registered Agent</b>  <b>JARDON, MARIO E 4175 W 20TH AVE HIALEAH, FL., FL 33012</b>				<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>	
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2004</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VC/D <b>THOMPSON, RAMONA</b> <b>4175 W. 20 AVE.</b> <b>HIALEAH, FL 33012</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	C/D <b>THOMPSON, RAMONA</b> <b>4175 W 20 AVENUE</b> <b>HIALEAH, FLORIDA 33012</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <b>TINSMAN, RUTH</b> <b>4175 W 20TH AVE</b> <b>HIALEAH, FL 33012</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD <b>CASTRO, CARIDAD</b> <b>4175 W 20TH AVE</b> <b>HIALEAH, FL 33012</b> <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	P <b>JARDON, MARIO</b> <b>4175 W 20 AVENUE</b> <b>HIALEAH, FLORIDA 33012</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <b>MACKAY, KATHLEEN</b> <b>4175 W 20TH AVE</b> <b>HIALEAH, FL 33012</b> <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD <b>PEREZ, EDUARDO</b> <b>4175 W 20TH AVE</b> <b>HIALEAH, FL 33012</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD <b>COVERSON, TYRONE</b> <b>4175 W 20TH AVENUE</b> <b>HIALEAH, FL 33102</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information 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.					
<b>SIGNATURE:</b> <i>Mario Jardon, President, CEO</i>			Date <i>1/22/04</i> Daytime Phone # <i>(305) 825-0300</i>		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					