

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2007 8:00 am
Secretary of State

04-30-2007 90827 029 ****70.00

DOCUMENT # 744441

1. Entity Name
CITRUS HEALTH NETWORK, INC.



Principal Place of Business
**4175 W 20TH AVE
HIALEAH, FL 33012**

Mailing Address
**4175 W 20TH AVE
HIALEAH, FL 33012**

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

03132007

Chg-NP

CR2E037 (12/06)

4. FEI Number
59-1865751

Applied For
Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**JARDON, MARIO E
4175 W 20TH AVE
HIALEAH, FL., FL 33012**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **VC** ☒ Delete
NAME **CROUSDALE, PATRICIA**
STREET ADDRESS **4175 WEST 20TH AVENUE**
CITY-ST-ZIP **HIALEAH, FL 33012**

TITLE **S** ☒ Delete
NAME **BISHOP, JILL**
STREET ADDRESS **4175 W 20TH AVE**
CITY-ST-ZIP **HIALEAH, FL 33012**

TITLE **T** ☐ Delete
NAME **COVERSON, TYRONE**
STREET ADDRESS **4175 W 20TH AVENUE**
CITY-ST-ZIP **HIALEAH, FL 33102**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **C/D** ☒ Change ☐ Addition
NAME **CROYS DALE, PATRICIA**
STREET ADDRESS **4175 W 20 AVE**
CITY-ST-ZIP **Hialeah, FL 33012**

TITLE **VC/D** ☒ Change ☐ Addition
NAME **BISHOP, JILL**
STREET ADDRESS **4175 W 20 AVE**
CITY-ST-ZIP **HIALEAH, FL 33012**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
NAME **S/D SANJUAN, MARIA**
STREET ADDRESS **4175 W 20 AVE.**
CITY-ST-ZIP **HIALEAH, FL 33012**

TITLE ☐ Change ☒ Addition
NAME **D CASTRO, CARIDAD**
STREET ADDRESS **4175 W 20 AVE.**
CITY-ST-ZIP **HIALEAH, FL 33012**

TITLE ☐ Change ☒ Addition
NAME **D CLARKE, CYNTHIA**
STREET ADDRESS **4175 W 20 AVE**
CITY-ST-ZIP **HIALEAH, FL 33012**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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.

SIGNATURE:

Mario E. Jardon
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Mario E. Jardon

4/24/07 305-424-3000

Date

Daytime Phone #

ATTACHMENT

40092546

**Officers and Directors of
Citrus Health Network, Inc.**

Document #744441

**Mario E. Jardon, P
4175 West 20th Avenue
Hialeah, Florida 33012**

**Eduardo Perez, D
4175 West 20th Avenue
Hialeah, Florida 33012**

**Georgina Cortes-Suarez, D
4175 West 20th Avenue
Hialeah, Florida 33012**

**Ruth Tinsman, D
4175 West 20th Avenue
Hialeah, Florida 33012**

**Jay Joseph, D
4175 West 20th Avenue
Hialeah, Florida 33012**

**Gil Lopez, D
4175 West 20th Avenue
Hialeah, Florida 33012**

**Richard Maranon, D
4175 West 20th Avenue
Hialeah, Florida 33012**

**Thomas McIntosh, D
4175 West 20th Avenue
Hialeah, Florida 33012**

**Ramona Thompson, D
4175 West 20th Avenue
Hialeah, Florida 33012**