2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 14, 2010
Secretary of State

DOCUMENT# 744441

Entity Name: CITRUS HEALTH NETWORK, INC.

Current Principal Place of Business:

4175 W 20TH AVE
HIALEAH, FL 33012

New Principal Place of Business:

Current Mailing Address:

4175 W 20TH AVE
HIALEAH, FL 33012

New Mailing Address:

FEI Number: 59-1865751 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: D
Name: CROYSDALE, PATRICIA
Address: 4175 W 20 AVE
City-St-Zip: HIALEAH, FL 33012

Title: D
Name: BISHOP, JILL
Address: 4175 W 20TH AVE
City-St-Zip: HIALEAH, FL 33012

Title: CD
Name: COVERSON, TYRONE
Address: 4175 W 20TH AVENUE
City-St-Zip: HIALEAH, FL 33102

Title: VCD
Name: SANJUAN, MARIA
Address: 4175 W 20 AVE
City-St-Zip: HIALEAH, FL 33012

Title: SD
Name: BAKER HOOVER, SANDY
Address: 4175 W 20 AVE
City-St-Zip: HIALEAH, FL 33012

Title: TD
Name: FORTE, JORGE
Address: 4175 W 20 AVE
City-St-Zip: HIALEAH, FL 33012

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 E. JARDON CEO 04/14/2010

Electronic Signature of Signing Officer or Director — Date