

**2010 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT****FILED**  
**Sep 01, 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 ( )****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: PCEO  
Name: JARDON, MARIO  
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

PCEO

09/01/2010

Electronic Signature of Signing Officer or Director

Date