

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2006 8:00 am
Secretary of State

05-01-2006 90363 049 ****70.00

DOCUMENT # N04000009161					
1. Entity Name CITRUSMED, INC.					
Principal Place of Business 4175 WEST 20TH AVENUE HIALEAH, FL 33012			Mailing Address 4175 WEST 20TH AVENUE HIALEAH, FL 33012		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-1865751	
Zip		Country		5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent JARDON, MARIO E 4175 WEST 20TH AVENUE HIALEAH, 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 _____ (NOTE: Registered Agent signature required when reinstating)					
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing ☐ \$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C THOMPSON, RAMONA 4175 W 20TH AVE HIALEAH, FL 33012	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VC Crausdale, Patricia 4175 West 20th Avenue Hialeah, Florida 33012
		☐ Change ☒ Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD COVERSON, TYRONE 4175 WEST 20TH AVENUE HIALEAH, FL 33012	☒ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
		☐ Change ☐ Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VC TNSMAN, RUTH 4175 W 20TH AVE HIALEAH, FL 33012	☒ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
		☐ Change ☐ Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T COVERSON, TYRONE 4175 W 20TH AVE HIALEAH, FL 33012	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
		☐ Change ☐ Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S BISHOP, JILL 4175 W 20TH AVE HIALEAH, FL 33012	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
		☐ Change ☐ Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
		☐ Change ☐ Addition			
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: <u>Mario Jardon</u> <u>4/26/06</u> <u>305 424-3100</u>					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: <u>MARIO JARDON</u>					