

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000018062

Entity Name: CITRUS HEALTH CARE, INC.

FILED
Mar 22, 2008
Secretary of State

Current Principal Place of Business:

5420 BAY CENTER DR.
STE. 250
TAMPA, FL 33609

New Principal Place of Business:

Current Mailing Address:

5420 BAY CENTER DR.
STE. 250
TAMPA, FL 33609

New Mailing Address:

FEI Number: 13-4247706

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PLATT, BRUCE D
106 EAST COLLEGE AVENUE
1200
TALLAHASSEE, FL 32301 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: C () Delete
Name: RANADIVE, NANDKISHORE
Address: 5420 BAY CENTER DR., STE. 250
City-St-Zip: TAMPA, FL 33609

Title: PTD () Delete
Name: HAIRSTON, DON
Address: 5420 BAY CENTER DR., STE. 250
City-St-Zip: TAMPA, FL 33609

Title: VPSD () Delete
Name: PATEL, JAYANT
Address: 5420 BAY CENTER DRIVE, STE. 250
City-St-Zip: TAMPA, FL 33609

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: RANA TIWARI

LAWY

03/22/2008

Electronic Signature of Signing Officer or Director

_____ Date