2012 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 31, 2012
Secretary of State

DOCUMENT# P03000018062

Entity Name: CITRUS HEALTH CARE, INC.

Current Principal Place of Business:

5420 BAY CENTER DRIVE
SUITE 250
TAMPA, FL 33609

New Principal Place of Business:

5420 BAY CENTER DRIVE
SUITE 250
TAMPA, FL 33609 US

Current Mailing Address:

8637 FREDERICKSBURG ROAD
SUITE 360
SAN ANTONIO, TX 78240

New Mailing Address:

5420 BAY CENTER DRIVE
SUITE 250
TAMPA, FL 33609 US

FEI Number: 13-4247706 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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: PD
Name: WINANS, KATHY ANN PD
Address: 601 BROOKER CREEK BLVD BROOKER CREEK CORP
City-St-Zip: OLDSMAR, FL 34677 US

Title: SEC
Name: RUTTENBERG, VALERIE HONORE SEC
Address: 9701 DATA PARK DRIVE
City-St-Zip: MINNETONKA, MN 55343 US

Title: TREA
Name: OBERRENDER, ROBERT WORTH TREA
Address: 9900 BREN ROAD EAST
City-St-Zip: MINNETONKA, MN 55343 US

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 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: MANDELINE HENDRICKS POA 03/31/2012

Electronic Signature of Signing Officer or Director Date