2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000095475

Entity Name: CITRUS HMA, INC.

FILED Mar 23, 2006 Secretary of State

Current Principal Place of Business:			New Princ	New Principal Place of Business:		
	INCOAST BLV RIVER, FL 344					
Current Mailing Address:			New Mailii	New Mailing Address:		
	CAN BAY BLVE FL 341082711	D. #500				
FEI Number:	20-0195256	FEI Number Applied For ()	FEI Number Not Appli	licable () Certificate of Status Desired (X)		
Name and	Address of C	urrent Registered Agent:	Name and	Address of New Registered Agent:		
1200 SOUT	ORATION SYS FH PINE ISLAN ON, FL 33324	ID ROAD				
The above in the State		ubmits this statement for the pu	rpose of changing it	its registered office or registered agent, or both,		
SIGNATUR	RE:					
	Electroni	ic Signature of Registered Agen	t	Date		
Election Carr	npaign Financing	Trust Fund Contribution ().				
OFFICERS	AND DIRECT	TORS:	ADDITION	NS/CHANGES TO OFFICERS AND DIRECTORS		
Title: Name: Address: City-St-Zip:	BRANCATO, JO 6201 N. SUNCO		Title: Name: Address: City-St-Zip:	() Change () Addition		
Title: Name: Address: City-St-Zip:	KUHN, STEVE 6201 N. SUNCO	Delete AST BLVD. R, FL 344286712	Title: Name: Address: City-St-Zip:	() Change () Addition		
Title: Name: Address: City-St-Zip:	PARRY, TIMOTH	BAY BLVD., SUITE 500	Title: Name: Address: City-St-Zip:	VSD (X) Change () Addition PARRY, TIMOTHY R 5811 PELICAN BAY BLVD., SUITE 500 NAPLES, FL 341082711		
Title: Name: Address: City-St-Zip:	V/D () VOLLMER, JON 5811 PELICAN E NAPLES, FL 34	P BAY BLVD., SUITE 500	Title: Name: Address: City-St-Zip:	V/D (X) Change () Addition MIDKIFF, STEPHEN L 13695 US HIGHWAY 1 SEBASTIAN, FL 32958		
Title: Name: Address: City-St-Zip:	HEITZMAN, CYN 6201 N. SUNCO		Title: Name: Address: City-St-Zip:	() Change () Addition		
Title: Name: Address: City-St-Zip:	()	Delete	Title: Name: Address: City-St-Zip:	AST () Change (X) Addition JAY, ROBERT F 5811 PELICAN BAY BOULEVARD, SUITE 500 NAPLES, FL 34108		

I hereby certify that the information supplied with this filing does not qualify for the 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: TIMOTHY R. PARRY VSD 03/23/2006