2025 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 03, 2025
Secretary of State
8796045641CC

DOCUMENT# N07000007304

Entity Name: CITRUS HEALTH HOLDINGS, INC.

Current Principal Place of Business:

4175 W. 20 AVE.
HIALEAH, FL 33012

Current Mailing Address:

4175 W. 20 AVE.
HIALEAH, FL 33012

FEI Number: 74-3232483

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

JARDON, MARIO E
4174 WEST 20TH AVENUE
HIALEAH, FL 33012 US

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

Officer/Director Detail :

Title	PRESIDENT, CEO
Name	JARDON, MARIO
Address	4175 W. 20 AVE.
City-State-Zip:	HIALEAH FL 33012

Title	DIRECTOR
Name	CORTES SUAREZ, GEORGINA
Address	4175 W. 20 AVE.
City-State-Zip:	HIALEAH FL 33012

Title	DIRECTOR
Name	SANJUAN, MARIA
Address	4175 W. 20 AVE.
City-State-Zip:	HIALEAH FL 33012

Title	DIRECTOR
Name	FRANCO, FERNANDO
Address	4175 W. 20 AVE.
City-State-Zip:	HIALEAH FL 33012

Title	SECRETARY
Name	CROYSDALE, PATRICIA
Address	4175 W. 20 AVE.
City-State-Zip:	HIALEAH FL 33012

Title	DIRECTOR
Name	COVERSON, TYRONE
Address	4175 W. 20 AVE.
City-State-Zip:	HIALEAH FL 33012

Title	CHAIRMAN
Name	CASTRO, CARIDAD DR.
Address	4175 W. 20 AVE.
City-State-Zip:	HIALEAH FL 33012

Title	DIRECTOR
Name	LOPEZ, GIL DR.
Address	4175 W. 20 AVE.
City-State-Zip:	HIALEAH FL 33012

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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 JARDON PRESIDENT AND CEO 02/03/2025

Electronic Signature of Signing Officer/Director Detail — Date

Officer/Director Detail Continued :

Title DIRECTOR
Name ARNER, ALICE
Address 4175 W. 20 AVE.
City-State-Zip: HIALEAH FL 33012

Title MEMBER AT LARGE
Name DEL CUETO, JOSE
Address 4175 W. 20 AVE.
City-State-Zip: HIALEAH FL 33012

Title DIRECTOR
Name FENDL ESPOSITO, KARIN
Address 4175 W. 20 AVE.
City-State-Zip: HIALEAH FL 33012

Title DIRECTOR
Name PEREZ, RICHARD
Address 4175 WEST 20TH AVENUE
City-State-Zip: HIALEAH FL 33012

Title VC
Name CLARKE-TROTMAN, PAULINE
Address 4175 W. 20 AVE.
City-State-Zip: HIALEAH FL 33012

Title DIRECTOR
Name BOHRER, SANFORD
Address 4175 W. 20 AVE.
City-State-Zip: HIALEAH FL 33012

Title TREASURER
Name PAVONE, KARINA
Address 4175 W. 20 AVE.
City-State-Zip: HIALEAH FL 33012