

# Executive Compensation Annual Report

**Instructions:** Upon entering into a contract with the Department of Children and Families (Department), and annually by May 1 of each year, providers in a contract with the Department must complete Sections 1 and 2 of this form, and Section 3 if required. Completion of this document is required to comply with the Federal Funding Accountability and Transparency Act (FFATA) and Executive Order 20-44. All references to entity or contract(s) in Sections 2 and 3 shall refer to the Entity and Contract(s) identified in Section 1. Upon completion submit this form to the relevant Department Contract manager(s).

## Section 1: Attestation

I swear (or affirm) to my authority to make binding representations on behalf of the entity listed below, the information contained in this document is accurate and complete to the best of the below-listed entity's knowledge, and both I and the below-listed entity intend the Department rely upon the information contained in this document.

Citrus Health Network, Inc. DBA Citrus Family Care Network

Entity Name

KJ138

122720287

Department Contract Numbers

UEID Number

Mario Jardon

Printed Name of Authorized Person

Signature of Authorized Person

Date

STATE OF FLORIDA

COUNTY OF Miami-Dade

Sworn to (or affirmed) before me by means of  physical presence or  online notarization, this 25<sup>th</sup> day of April, 2024, by Mario Jardon



Marissa Rios  
Notary Public  
State of Florida  
Comm# HH072535  
Expires 1/23/2025

Signature of Notary Public- State of Florida

Personally Known OR Produced Identification  
Type of Identification Produced: \_\_\_\_\_

## Section 2: Qualifying Questions

- 1) Did one or more of the contract(s) result from the Entity being named in federal law or Florida Statutes (substantive or appropriation) as the required recipient of a single source, public-private agreement?  
 Yes  No
- 2) During the preceding fiscal year, did the Entity receive 50% or more of its budget from either the State of Florida or from a combination of State and Federal funds?  
 Yes  No
- 3) During the preceding fiscal year, did the Entity: (a) receive more than \$25 million in total federal funding, (b) the federal funds so received accounted for more than 80% of the Provider's annual gross revenue, and (c) was the compensation of top five executives for the preceding fiscal year not available publicly?  
 Yes  No

If the answer to **any** question in this section is Yes, you must proceed to and complete **Section 3**. Otherwise, submit this form to your relevant Department Contract Manager.



**Section 3: Annual Executive Compensation Report**  
**Continued**

<b>Name</b>	<b>Title</b>	<b>Total Annual Compensation</b>	<b>FL%</b>	<b>Fed%</b>	<b>FL and Fed% (Total)</b>
Karin Fendl Esposito	Director	0	0%	0%	0%
Tyrone Coverson	Director	0	0%	0%	0%
Maria Sanjuan	Director	0	0%	0%	0%
Karina Pavone	Director	0	0%	0%	0%
Patricia Croysdale	Director	0	0%	0%	0%
Pauline Clark Trotman	Director	0	0%	0%	0%
Richard Perz	Director	0	0%	0%	0%
Sanford Bohrer	Director	0	0%	0%	0%