

2017 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000037787

Entity Name: J & J HEALTHCARE INSTITUTE INC.

Current Principal Place of Business:

1410 N. PINE HILLS ROAD
ORLANDO, FL 32808

Current Mailing Address:

PO BOX 682149
ORLANDO, FL 32868

FEI Number: 30-0479887

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

FLORENCE, POLYNICE
1410 N. PINE HILLS ROAD
ORLANDO, FL 32808 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 P
Name POLYNICE, FLORENCE
Address P O BOX 682149
City-State-Zip: ORLANDO FL 32868

Title VP
Name POLYNICE, JOANNE
Address PO BOX 682149
City-State-Zip: ORLANDO FL 32868

Title VP
Name POLYNICE, JOANES
Address PO BOX 682149.
City-State-Zip: ORLANDO FL 32868

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: FLORENCE POLYNICE

PRESIDENT

02/09/2017

Electronic Signature of Signing Officer/Director Detail

Date