

**2013 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P10000015711

**Entity Name:** K & J PROFESSIONAL HEALTH, INC.

**Current Principal Place of Business:**

1490 W 49TH PLACE, SUITE 450  
HIALEAH, FL 33012

**Current Mailing Address:**

1490 W 49TH PLACE, SUITE 450  
HIALEAH, FL 33012

**FEI Number:** 27-1981015

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

BLANCO, KLEIDY  
1490 W 49 PL  
#450  
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           | PSTD                   | Title           | VP                     |
| Name            | BLANCO, KLEIDY         | Name            | TORRES, JOSE ALVAREZ   |
| Address         | 1490 W 49 PL SUITE 450 | Address         | 1490 W 49 PL SUITE 450 |
| City-State-Zip: | HIALEAH FL 33012       | City-State-Zip: | HIALEAH FL 33012       |

*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:** KLEIDY BLANCO

**PRESIDENT**

**02/11/2013**

Electronic Signature of Signing Officer/Director Detail

Date