

**2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P11000021342

**Entity Name:** JX5 MEDICAL, INCORPORATED

**Current Principal Place of Business:**

1510 ROCKWELL HEIGHTS DR  
DELAND, FL 32724

**Current Mailing Address:**

1510 ROCKWELL HEIGHTS DR  
DELAND, FL 32724

**FEI Number:** 27-5398749

**Certificate of Status Desired:** No

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

SCHARLACH, JASON B  
1510 ROCKWELL HEIGHTS DR  
DELAND, FL 32724 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, S  
Name SCHARLACH, JASON B  
Address 1510 ROCKWELL HEIGHTS DR  
City-State-Zip: DELAND FL 32724

Title VP T  
Name SCHARLACH, JOELLE L  
Address 1510 ROCKWELL HEIGHTS DR  
City-State-Zip: DELAND FL 32724

*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:** JASON SCHARLACH

**PRESIDENT**

**01/28/2014**

Electronic Signature of Signing Officer/Director Detail

Date