# SIGNATURE: JOSE YANEZ

above, or on an attachment with all other like empowered.

Electronic Signature of Signing Officer/Director Detail

#### 2024 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P22000011182

Entity Name: J.M. PROFESSIONAL MEDICAL, CORP

## Current Principal Place of Business:

8600 SW 92 STREET SUITE 104 MIAMI,, FL 33134

#### **Current Mailing Address:**

814 PONCE DE LEON BOULEVARD 418 CORAL GABLES, FL 33134 US

#### FEI Number: 88-0881218

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

Electronic Signature of Registered Agent

YANEZ, JOSE A PA 814 PONCE DE LEON BOULEVARD, 418 CORAL GABLES, FL 33134 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:

#### Officer/Director Detail :

Title	Ρ	Title	VP
Name	MARTINEZ,, JUVENAL	Name	YANEZ, JOSE A
Address	7668 SW 152ND AVENUE, SUITE 103	Address	814 PONCE DE LEON BOULEVARD 418 MIAMI FL 33134
City-State-Zip:	MIAMI, FL 33093	Citv-State-Zip:	

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

VICE PRESIDENT

### FILED Apr 19, 2024 Secretary of State 9872984768CC

Certificate of Status Desired: No

04/19/2024 Date

Date