


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 25, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P00000007684</b>	
<b>1. Entity Name</b> J M C FACE AND BODY WORKS, INC.	

<b>Principal Place of Business</b> JAMES MEDICAL CENTER 627 ELDRON DRIVE MIAMI SPRINGS FL 33166	<b>Mailing Address</b> JAMES MEDICAL CENTER 627 ELDRON DRIVE MIAMI SPRINGS FL 33166
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<b>2. Principal Place of Business</b>		<b>3. Mailing Address</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

1st MOORE CR2E034 (10/05)

<b>4. FCI Number</b> 59-1872834	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

<b>6. Name and Address of Current Registered Agent</b>  JAMES, JULIE 627 ELDRON DRIVE MIAMI SPRINGS FL 33166
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<b>7. Name and Address of New Registered Agent</b>	
Name	
Street Address (P O Box Number is Not Acceptable)	
City	FL Zip Code

**8. 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. I am familiar with, and accept the obligations of registered agent.**

**SIGNATURE** \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) **DATE** \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2006 Fee Will Be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>	<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P JAMES, JULIE 627 ELDRON DRIVE MIAMI SPRINGS FL 33166 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition U000000532664 05/06/06-80093-023 150.00
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

**12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.**

**SIGNATURE:**  **4-21-06** **305-885-1031**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #