## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P00000079522

Entity Name: J.I.C.S.H., INC.

FILED May 13, 2008 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 

136 VIA VERDE WAY 106 PLAY RIENTA WAY

PALM BEACH GARDENS, FL 33418 PALM BEACH GARDENS, FL 33418 US

**Current Mailing Address: New Mailing Address:** 

PO BOX 30533 106 PLAY RIENTA WAY

PALM BEACH GARDENS, FL 33420 PALM BEACH GARDENS, FL 33418 US

FEI Number: 65-1044731 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

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

SINGER, MICHAEL S ESQ. SINGER, MICHAEL S ESQ. 3801 PGA BLVD 3801 PGA BLVD SUITE 802 SUITE 604

PALM BEACH GARDENS, FL 33410 US PALM BEACH GARDENS, FL 33410 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: MICHAEL S. SINGER 05/13/2008

> Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

## **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PPTD ( ) Delete Title: (X) Change ( ) Addition

Name: SHUTER, I. DAVID M.D. Name: SHUTER, I. DAVID M.D. PO BOX 30533 106 PLAYA RIENTA WAY Address: Address:

City-St-Zip: PALM BEACH GARDENS, FL 33420 City-St-Zip: PALM BEACH GARDENS, FL 33418 US

Title: VSD Title: VSD (X) Change ( ) Addition ( ) Delete

Name: SHUTER, FAINA Name: SHUTER, FAINA PO BOX 30533 Address: 106 PLAYA RIENTA WAY Address:

PALM BEACH GARDENS, FL 33420 PALM BEACH GARDENS, FL 33418 US City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: I. DAVID SHUTER, M.D. PTD 05/13/2008