

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # **P00000083297**

1. Entity Name

**JMK Professional Medical Services
Inc.**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3011 W. 76th St.

Suite, Apt. #, etc.

Ste 211

City & State

Hialeah, FL

Zip

33018

Country

USA

3. Mailing Address

Same

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

651036672

Applied For

Not Applicable

5. Certificate of Status Desired

☒

**\$8.75 Additional
Fee Required**

7. Name and Address of Current Registered Agent

Name

Janet Lima

Street Address (P.O. Box Number is Not Acceptable)

3011 W. 76th St Ste #211

City

Hialeah

FL

Zip Code

33018

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.

SIGNATURE

Janet Lima

Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

1/30/02

9. This corporation is eligible to satisfy its intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE
NAME

**President
Janet Lima
3011 W 76th St #211
Hialeah, FL 33018**

STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME

**Vice President
Gladys E. Moling
10000 NW 80th Ct
Hialeah Gdn, FL 33016**

STREET ADDRESS
CITY-ST-ZIP

TITLE
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**800005096818--1
-03/12/02--01042--010
****158.75 ****158.75**

**800005096818--1
-03/12/02--01042--011
****150.00 ****150.00**

**DO NOT WRITE
IN THIS SPACE**

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 11 or on an attachment with an address, with all other like empowered.

SIGNATURE:

Janet Lima

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/30/02

Date

Daytime Phone #

FILED

02 FEB 28 PM 2:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

0102 UBR LS

CR2E034B (12/01)

JML Professional Medical Services, Inc

202

December 26, 2001

DIVISION OF CORPORATION
PO BOX 6327
TALLAHASSEE FL 32314

~~Re: JML Professional Medical Services~~

To Whom It May Concern:

With this letter, I would like to apologize for the delay of this payment. This is my first year with this corporation and I truly was not aware of the annual fee. I am truly sorry but I never received any forms or notices explaining to me about this fee. I have enclosed \$150.00 for my yearly fee.

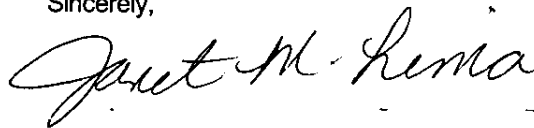
The name of the corporation is JML Professional Medical Services, Inc tax id #651036672.

If any correspondence has to be mailed to the above corporation please submit to the enclosed address not the PO Box on file.

If you have any questions please do not hesitate to call me at (305) 775-1367.

Thank you in advance.

Sincerely,



Janet M. Lima
President

P00000083297

3011 West 76th Street Hialeah, FL 33018