

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jun 16, 2003 8:00 am**  
**Secretary of State**

06-16-2003 90149 016 \*\*\*550.00

**DOCUMENT # P01000000357**

1. Entity Name  
**JAYLYNN HEALTHCARE SERVICES, INC.**



Principal Place of Business  
**C/O JAMES M. DIDDLE**  
**3767 LAKE WORTH RD #103**  
**LAKE WORTH FL 33461**

Mailing Address  
**C/O JAMES M. DIDDLE**  
**3767 LAKE WORTH RD #103**  
**LAKE WORTH FL 33461**

*C/O James M. Diddle*  
2. Principal Place of Business  
**3767 Lake Worth Rd**

*C/O James M. Diddle*  
3. Mailing Address  
**3767 Lake Worth Rd**

Suite, Apt. #, etc.  
**110**

Suite, Apt. #, etc.  
**SK 110**

City & State  
**LAKE WORTH, FL 33461**

City & State  
**LAKE WORTH, FL**

4. FEI Number **65-1067903** Applied For  
Not Applicable

Zip **33461** Country **P.B.**

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5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent  
**DIDDLE, JAMES M**  
**722 NW 8TH CT**  
**BOYNTON BEACH FL 33426**

7. Name and Address of New Registered Agent  
Name  
**James M. Diddle**  
Street Address (P.O. Box Number is Not Acceptable)  
**722 NW 8th Ct**  
City **Boynton Beach, FL** Zip Code **33426**

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 *James Diddle* DATE **5/12/03**  
(NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	<b>Diddle, James M</b>	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>DIDDLE, JAMES M</b>		NAME		
STREET ADDRESS	<b>722 NW 8TH CT</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>BOYNTON BEACH FL 33426</b>		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *James Diddle* DATE **5/12/03** **561 964 9931**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

06/16/03 AV

CR2E034 (10/02)