


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2005 8:00 am
Secretary of State


05-02-2005 90530 013 ***150.00

DOCUMENT # P01000064809	
1. Entity Name J C & J C MEDICAL GROUP, INC.	

Principal Place of Business 330 SW 27 AVE. 601 MIAMI, FL 33135	Mailing Address 330 SW 27 AVE. 601 MIAMI, FL 33135
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50046007


2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc. # 301		Suite, Apt. #, etc. # 301	
City & State		City & State	
Zip	Country	Zip	Country

	
04282005	Chg-P CR2E034 (10/03)
4. FEI Number 65-1118095	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent	
SUAREZ, JOSE C 330 SW 27 AVE SUITE 601 MIAMI, FL 33135	

7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
SUITE # 301	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	
DATE _____	
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	
9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	PD <input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SUAREZ, JOSE C	NAME	
STREET ADDRESS	330 SW 27TH AVE STE 601	STREET ADDRESS	SUITE 301
CITY-ST-ZIP	MIAMI, FL 33135	CITY-ST-ZIP	
TITLE	V <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROS, MARIA I	NAME	
STREET ADDRESS	6955 SUNRISE TERR.	STREET ADDRESS	
CITY-ST-ZIP	CORAL GABLES, FL 33134	CITY-ST-ZIP	
TITLE	ST <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SUAREZ, REINALDO	NAME	
STREET ADDRESS	221 MAJORCA, #401	STREET ADDRESS	
CITY-ST-ZIP	CORAL GABLES, FL 33134	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
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
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: 	_____
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	<small>Date</small> _____ <small>Daytime Phone #</small> _____