

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

DOCUMENT # **P01000092262**
1. Entity Name **JOHNSON HEALTH SERVICES GROUP INC.**

APPROVED
AND
FILED

02 FEB -4 PM 2:11

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
4821 W. 4 AVE
Suite, Apt. #, etc. **—**
City & State **HALEAH**
Zip **33012** Country **U.S.A**

3. Mailing Address
4821 WEST 4 AVE
Suite, Apt. #, etc. **—**
City & State **HALEAH**
Zip **33012** Country **U.S.A**

DO NOT WRITE IN THIS SPACE

4. FEI Number **65-1141170** Applied For ☐ Not Applicable ☐

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

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent
Name **YUSUF RAJABALEE**
Street Address (P.O. Box Number is Not Acceptable)
14805 SW 97th
City **MIAMI** FL Zip Code **33176**

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 **[Signature]** DATE **2-1-2002**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐ **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 PRESIDENT	NAME YUSUF RAJABALEE	TITLE 800004916708--S
STREET ADDRESS 14805 SW 97th	STREET ADDRESS	-02/13/02--01088--017
CITY-ST-ZIP MIAMI, FL 33176	CITY-ST-ZIP	****150.00 ****150.00
TITLE	NAME	
STREET ADDRESS	STREET ADDRESS	
CITY-ST-ZIP	CITY-ST-ZIP	
TITLE	NAME	
STREET ADDRESS	STREET ADDRESS	
CITY-ST-ZIP	CITY-ST-ZIP	
TITLE	NAME	
STREET ADDRESS	STREET ADDRESS	
CITY-ST-ZIP	CITY-ST-ZIP	
TITLE	NAME	
STREET ADDRESS	STREET ADDRESS	
CITY-ST-ZIP	CITY-ST-ZIP	

**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: **[Signature]** DATE **2-1-2002**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

OFFICE USE ONLY(DOCUMENT #)

LAZARUS CORPORATE FILING SERVICE

3320 S.W. 87 AVENUE

MIAMI, FLORIDA (305)552-5973

TERESA ROMAN (TALLAHASSEE REPRESENTATIVE)

OFFICE USE ONLY

CORPORATION NAME(S) & DOCUMENT NUMBER(S) (if known):

1. JOHNSON HEALTH SERVICES GROUP INC.
(Corporation Name) (Document #)

2. _____
(Corporation Name) (Document #)

3. _____
(Corporation Name) (Document #)

4. _____
(Corporation Name) (Document #)

☒ Walk in ☒ Pick up time 2.00

☐ Certified Copy

☐ Mail out ☐ Will wait

☐ Photocopy

☐ Certificate of Status

NEW FILINGS

<input type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS

<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS

<input checked="" type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

**REGISTRATION/
QUALIFICATION**

<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

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02 FEB -4 AM 10:40
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

Examiner's Initials