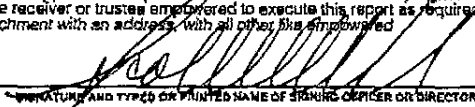


Apr. 26. 2006 10:47AM LUNDY & SHACTER PA

No. 14 **FILED**

May 01, 2006 08:00 AM
Secretary of State

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P01000094285		
1. Entity Name J.S. & M.D., INC.		
Principal Place of Business 4969 NW 115 WAY CORAL SPRINGS, FL 33076		Mailing Address 4969 NW 115 WAY CORAL SPRINGS, FL 33076
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent WIDELITZ, SCOTT 4969 NW 115 WAY CORAL SPRINGS, FL 33076		04212006 No Chg-P CR2E034 (11/05)
		4. FID Number 65-1148373
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.		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required
		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required
SIGNATURE _____ Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE _____		
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WIDELITZ, SCOTT 4969 NW 11 WAY CORAL SPRINGS, FL 33076	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ADELSTEIN, MITCHELL S 9561 NW 11 ST PLANTATION, FL 33322	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DO NOT WRITE IN THIS SPACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 filers empowered.		
SIGNATURE: 		4-28-06 954-554-7228
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		DATE Daytime Phone #