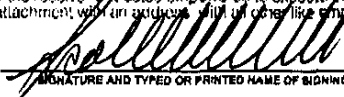


Apr. 30. 2007 1:20PM LUNDY & SHACTER, PA

No. 2557 **FILED**
May 04, 2007 08:00 AM
Secretary of State

**2007 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			
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite Apt # etc		Suite Apt # etc			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 65-1148373	
				Applied For Not Applicable	
				5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent WIDELITZ, SCOTT 4969 NW 115 WAY CORAL SPRINGS, FL 33076				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 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: _____ Signature, typed or printed name of registered agent and fee is applicable (NOTE: Registered Agent signature is required when reappointing) DATE					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		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 NAME STREET ADDRESS CITY-ST-ZIP	D WIDELITZ, SCOTT 4969 NW 11 WAY CORAL SPRINGS, FL 33076 ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition U00000760975 05/25/07-80036-022 150.00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ADELSTEIN MITCHELL S 9581 NW 11 ST PLANTATION, FL 33322 ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
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 authorized sign-off or other like empowered					
SIGNATURE: 		554- SCOTT WIDELITZ 4-30-07 954-7288			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone			