2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

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FILED
Jun 05, 2003 8:00 am
Secretary of State
04-28-2003 91424 016 ***150.00

DOCUMENT # P01000094297

1. Entity Name
CJ MEDICAL, INC.

Principal Place of Business	Mailing Address
1006 BAY DRIVE	1006 BAY DRIVE
706	706
MIAMI BEACH FL 33141	MIAMI BEACH FL 33141

2. Principal Place of Business	3. Mailing Address
	14024 OSPREY LINKS RD
Suite, Apt. #, etc.	Suite, Apt. #, etc. #313
City & State	City & State ORLANDO FL
Zip / Country	Zip 32837 / Country

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number 02-0646875 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
SHMUELS, DIEGO I	Name
1006 BAY DRIVE	Street Address (P.O. Box Number is Not Acceptable)
706	
MIAMI BEACH FL 33141	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 title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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	D ☐ Delete	TITLE	D Secretary ☒ Change ☐ Addition
NAME	PATINO, JOSE LUIS	NAME	PATINO, JOSE LUIS
STREET ADDRESS	1414 NW 107 AVE., STE. 310	STREET ADDRESS	14024 OSPREY LINKS RD #313
CITY-ST-ZIP	MIAMI FL 33172	CITY-ST-ZIP	ORLANDO FL 32837
TITLE	D ☐ Delete	TITLE	D Vice President ☒ Change ☐ Addition
NAME	AVELLANEDA, CLAUDIA	NAME	AVELLANEDA, CLAUDIA
STREET ADDRESS	1414 NW 107 AVE., STE. 310	STREET ADDRESS	14024 OSPREY LINKS RD #313
CITY-ST-ZIP	MIAMI FL 33172	CITY-ST-ZIP	ORLANDO FL 32837
TITLE	D President ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	SHMUELS, DIEGO	NAME	
STREET ADDRESS	1006 BAY DRIVE	STREET ADDRESS	
CITY-ST-ZIP	MIAMI BEACH FL 33141	CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	Director - Secretary ☐ Change ☒ Addition
NAME		NAME	MONICA GOMEZ
STREET ADDRESS		STREET ADDRESS	1006 BAY DRIVE
CITY-ST-ZIP		CITY-ST-ZIP	MIAMI BEACH FL 33141
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

CR2E034 (10/02)

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: SIGNATURE REQUIRED 4/21/03
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #