2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 08, 2002 8:00 am
Secretary of State
04-08-2002 90057 021 ***150.00

000730 AT

DOCUMENT # P01000118075

1. Entity Name
JHR MEDICAL SERVICES, INC.

Principal Place of Business	Mailing Address
1455 NW 14TH ST. MIAMI FL 33125	1455 NW 14TH ST. MIAMI FL 33125

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
1490 W 49 Place	1490 W 49 Place
Suite, Apt. #, etc. #440	Suite, Apt. #, etc. #440
City & State Hialeah, Fl	City & State Hialeah, Fl
Zip 33012 Country	Zip 33012 Country

4. FEI Number 30-0000631 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

ROMAN, REINALDO
1455 NW 14TH ST.
MIAMI FL 33125

7. Name and Address of New Registered Agent

Name Reinaldo Roman
Street Address (P.O. Box Number is Not Acceptable) 1490 W 49 Place #440
City Hialeah FL Zip Code 33012

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.

SIGNATURE X _____
Signature, type and printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW!!! FEE IS $150.00
After May 1, 2002 Fee will be $550.00
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			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DPST ROMAN, REINALDO 1455 NW 14TH ST. MIAMI FL 33125	☐ Delete	Reinaldo Roman 1490 W 49 Place #440 Hialeah, Fl 33012	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition

CR2E034 (9/01)

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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: X _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #