


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2004 8:00 am
Secretary of State

04-28-2004 90167 005 ***150.00

DOCUMENT # P02000011812	
1. Entity Name JBH MEDICAL EQUIPMENT CORP.	

Principal Place of Business 15517 SW 139 CT MIAMI, FL 33177	Mailing Address 15517 SW 139 CT MIAMI, FL 33177
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34060030

2. Principal Place of Business 9507 SW 160 ST Suite, Apt. #, etc. #230 City & State MIAMI, FL Zip 33157	3. Mailing Address 9507 SW 160 ST Suite, Apt. #, etc. #230 City & State MIAMI, FL Zip 33157
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02062004 Chg-P CR2E034 (10/03)

6. Name and Address of Current Registered Agent QUILEZ, BRENDA L 8061 N.W. 8TH STREET MIAMI, FL 33126	
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7. Name and Address of New Registered Agent Name QUILES, BRENDA L. Street Address (P.O. Box Number is Not Acceptable) 15517 SW 139 CT City MIAMI, FL Zip Code 33177	
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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 Brenda Quiles (NOTE: Registered Agent signature required when reinstating) DATE 2/6/04	
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FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P QUILEZ, BRENDA L 155 17 SW 139 CY MIAMI, FL 33177	TITLE NAME STREET ADDRESS CITY-ST-ZIP	QUILES, BRENDA L.
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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: Brenda Quiles SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date 2/6/04 (305) 971-9011 Daytime Phone #