2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

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01-15-2003 90175 049 ***150.00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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DOCUMENT # P02000013914

1. Entity Name
J & M MEDICAL SERVICES INC.

Principal Place of Business	Mailing Address
691 E. 63RD ST. HIALEAH FL 33013	691 E. 63RD ST. HIALEAH FL 33013

☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
900 W 49 street	
Suite, Apt. #, etc.: 530	Suite, Apt. #, etc.:
City & State: HiALEAh, FL	City & State:
Zip: 33012 / Country:	Zip: / Country:

4. FEI Number: 26-0052559 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent
BATISTA, JOSE A
691 E. 63RD ST.
HIALEAH FL 33013

7. Name and Address of New Registered Agent
Name: Jose A. BATISTA
Street Address (P.O. Box Number is Not Acceptable): 900 W 49 street #530
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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: [signature] DATE: 02-06-03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 / NAME / STREET ADDRESS / CITY-ST-ZIP	PD BATISTA, JOSE A 691 E. 63RD ST. HIALEAH FL 33013 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD BATISTA, José A 900 W 49 ST, #530 HiALEAH, FL 33012 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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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 [signature] 01/13-03 (305)821-2110
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #