

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

9/22/2004

FILED
Sep 30, 2004 8:00 am
Secretary of State

09-22-2004 90001 030 ***158.75

DOCUMENT # P02000030254

1. Entity Name
J.A.G. MEDICAL SUPPLY, INC.



Principal Place of Business
**5538 S.W. 8TH ST.
MIAMI, FL 33134**

Mailing Address
**5538 S.W. 8TH ST.
MIAMI, FL 33134**

36434329



07022004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
71-0873064

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**AYLLON, JORGE L
5538 S.W. 8TH ST.
MIAMI, FL 33134**

**DO NOT WRITE
IN THIS SPACE**

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

(NOTE: Registered Agent signature required when recertifying)

09/17/04
DATE

**FILE NOW!!! FEE IS \$150.00
Due by September 8, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE **P**
NAME **AYLLON, JORGE**
STREET ADDRESS **5546 SW 8 ST**
CITY- ST- ZIP **CORAL GABLES, FL**

TITLE **VP**
NAME **AYLLON, GLORYANN**
STREET ADDRESS **5546 SW 8 ST**
CITY- ST- ZIP **CORAL GABLES, FL**

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

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STREET ADDRESS
CITY- ST- ZIP

**DO NOT WRITE
IN THIS SPACE**

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:

09/27/04
Date

(305) 363-4476
Daytime Phone #



Attachment
664/34329

FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State

September 22, 2004

J.A.G. MEDICAL SUPPLY, INC.
5538 S.W. 8TH ST.
MIAMI, FL 33134

Subject: J.A.G. MEDICAL SUPPLY, INC.

Reference Number: P02000030254

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$158.75; however, the report **has not been filed** and a copy is being returned for the following correction(s):

The annual report/uniform business report must be signed by an officer or director of the corporation.

TO AVOID THE \$400.00 LATE FEE, PLEASE RETURN THE CORRECTED REPORT WITHIN 30 DAYS OF THE DATE OF THIS LETTER.

TO AVOID THE ADMINISTRATIVE DISSOLUTION/REVOCATION, PLEASE RETURN THE CORRECTED REPORT TO: DIVISION OF CORPORATIONS, P.O. BOX 1500, TALLAHASSEE, FLORIDA 32302-1500 WITHIN 30 DAYS OF THE DATE OF THIS LETTER.

If you have additional questions or need further assistance, please call the Division of Corporations at 850-245-6056 and press 4. Your call will be answered in the order it is received.

/RG
ANNUAL REPORTS SECTION