



2005 FOR PROFIT CORPORATION ANNUAL REPORT

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DOCUMENT # P02000052572 1. Entity Name J. B. HEALTH CARE INC.						FILED 05 DEC -1 AM 10:22 SECTION 607, CHAPTER 607, FLORIDA STATUTES 	
Principal Place of Business 6433 DAWSON STREET HOLLYWOOD, FL 33023				Mailing Address 6433 DAWSON STREET HOLLYWOOD, FL 33023			
2. Principal Place of Business Suite, Apt. #, etc.				3. Mailing Address Suite, Apt. #, etc.			
City & State				City & State			
Zip		Country		Zip		Country	
4. FEI Number 36-4495591				Applied For <input type="checkbox"/> Not Applicable			
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent BROWN, JOYCE S 6433 DAWSON STREET HOLLYWOOD, FL 33023				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>							
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	P BROWN, JOYCE S 6433 DAWSON STREET HOLLYWOOD, FL 33023 <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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 to my address, with all other like empowered.							
SIGNATURE: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				Date TS 12/4/05 Daytime Phone # 10-2505-934 927 1776			

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November 17th, 2005

Attention: Mr. Tyrone Scott

I (Joyce Brown) am responding to our recent conversation regarding the Notice of Re-instatement of my Business License I received from your establishment. The notice states that I must pay \$750.00 to re-instate my business license. A check in the amount of \$150.00 was sent to your office before the due date of 05-01-05. I asked that you please act favorably in this matter to reinstate my license and to drop the additional fees accrued. Thanks you.

Joyce S. Brown.