

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000101139

Entity Name: JAG MEDICAL OF PALM BEACH, INC.

FILED
Feb 06, 2008
Secretary of State

Current Principal Place of Business:

6685 FOREST HILL BLVD
STE 201
WEST PALM BEACH, FL 33413

New Principal Place of Business:

Current Mailing Address:

6685 FOREST HILL BLVD
STE 201
WEST PALM BEACH, FL 33413

New Mailing Address:

FEI Number: 02-0651516

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SANCHEZ, PEDRO A
13582 CALLINGTON DR
WELLINGTON, FL 33414 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: SANCHEZ, PEDRO A
Address: 13582 CALLINGTON DR
City-St-Zip: WELLINGTON, FL 33414

Title: VPD () Delete
Name: LIEBERMAN, DONNA
Address: 6685 FOREST HILL BLVD
City-St-Zip: WEST PALM BEACH, FL 33413

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VPD (X) Change () Addition
Name: LIEBERMAN, DONNA
Address: 12775 NEWTON PLACE
City-St-Zip: WELLINGTON, FL 33414

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PEDRO A SANCHEZ

D

02/06/2008

Electronic Signature of Signing Officer or Director

Date