

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000101139

FILED
Apr 12, 2011
Secretary of State

Entity Name: JAG MEDICAL OF PALM BEACH, INC.

Current Principal Place of Business:

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

New Principal Place of Business:

6169 JOG RD
STE 4 B
LAKE WORTH, FL 33467

Current Mailing Address:

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

New Mailing Address:

6169 JOG RD
STE 4 B
LAKE WORTH, FL 33467

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

OFFICERS AND DIRECTORS:

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

Title: VPD
Name: SANCHEZ, DONNA
Address: 13582 CALLINGTON DRIVE
City-St-Zip: WELLINGTON, FL 33414

Title: PRES
Name: SANCHEZ, PEDRO A
Address: 13582 CALLINGTON DRIVE
City-St-Zip: WELLINGTON, FL 33414

I hereby 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 all other like empowered.

SIGNATURE: PEDRO A SANCHEZ

PRES

04/12/2011

_____ Electronic Signature of Signing Officer or Director

_____ Date