
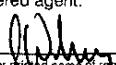
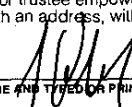


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 91038 031 ***150.00

DOCUMENT # P02000102440 1. Entity Name JP MEDICAL SERVICES, CORP					
Principal Place of Business 2357 W. 8TH STREET HIALEAH, FL 33016			Mailing Address 2357 W. 8TH STREET HIALEAH, FL 33016		
2. Principal Place of Business 2357 W 80 STREET		3. Mailing Address 2357 W 80 STREET			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State HIALEAH, FL 33016		City & State HIALEAH, FL 33016		4. FEI Number 02-0645329	
Zip 33016		Country DADE		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent PHILIPP, CONSUELO 2357 W. 8TH STREET HIALEAH, FL 33016		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 2357 W 80 STREET City HIALEAH FL Zip Code 33016			
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:  DATE: 4-30-04 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 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 PST <input type="checkbox"/> Delete NAME PHILIPP, CONSUELO STREET ADDRESS 2357 W. 8TH STREET CITY-ST-ZIP HIALEAH, FL 33016			TITLE PST <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME PHILIPP, CONSUELO STREET ADDRESS 2357 W 80 STREET CITY-ST-ZIP HIALEAH, FL 33016		
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP			TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP		
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TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP			TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP		
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:  DATE: 4-30-04 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					