

APPROVED  
AND  
FILED

102

**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

03 OCT -3 PM 1:40

DOCUMENT # **P02000102440**

1. Entity Name

**JP MEDICAL SERVICES, CORP.**

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

1455 NW 14TH ST.  
MIAMI, FL 33125

1455 NW 14TH ST.  
MIAMI, FL 33125

2. Principal Place of Business

**2357 W. 8TH STREET**

Suite, Apt. #, etc.

3. Mailing Address

**2357 W. 8TH ST.**

Suite, Apt. #, etc.

City & State

**HIALEAH, FLORIDA**

Zip

**33016**

Country

**US**

City & State

**HIALEAH, FLORIDA**

Zip

**33016**

Country

**US**

**800024215948**

**02/28/03--01073--019 \*\*150.00**

**REINSTATEMENT**

**2003**

4. FEI Number

**02-0645329**

Applied For

Not Applied

5. Certificate of Status Desired

☐

**\$8.75 Additional  
Fee Required**

7. Name and Address of Current Registered Agent

Name

**PHILIPP, CONSUELO**

Street Address (P.O. Box Number is Not Acceptable)

**2357 W. 8TH ST.**

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.

SIGNATURE

*[Signature]*

*[Signature]*

*10/1/03*

9. This corporation is eligible to satisfy its intangible  
Tax filing requirement and elects to do so.  
(See criteria on back)

☐

**January 1 - May 1 Fee is \$150.00  
After May 1, Fee is \$550.00  
Amended UBR is \$81.25**

**Make Check Payable to Department of State**

10. Election Campaign Financing  
Trust Fund Contribution.

☐

**\$5.00 May 1  
Added to Fee**

**11. OFFICERS AND DIRECTORS**

TITLE	PST	TITLE	PST
NAME	PHILIPP, CONSUELO	NAME	PHILIPP, CONSUELO
STREET ADDRESS	1700 SW 57TH AVE. STE. 218	STREET ADDRESS	2357 W. 8TH STREET
CITY - ST - ZIP	MIAMI, FL 33155	CITY - ST - ZIP	HIALEAH, FL 33016
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	

13. 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 11 or on attachment with an address, with all other like empowered.

SIGNATURE:

*[Signature]*

*[Signature]*

*10/1/03*

Optional Phone #

**JP MEDICAL SERVICE, CORP.**

2052

October 2, 2003

Florida Department of State  
Division of Corporations

Re: Document # P02000102440

Dear Sir or Madam:

Please be advised that we did not receive any correspondence from your office, hence, why the payment for the 2003 For Profit Corporation Uniform Business Report was overlooked. Enclosed, please find a check in the amount of \$150.00 for the filing fee. If you should have any questions, do not hesitate to contact the undersigned.

Sincerely,



Consuelo Philipp, President  
JP Medical Services, Corp.