2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2004
Secretary of State

DOCUMENT# P02000125545

Entity Name: J AND L MEDICAL CENTER INC.

Current Principal Place of Business:

611 SW 57 AVE
MIAMI, FL 33144

New Principal Place of Business:

5870 SW 8TH STREET
3 - 4
MIAMI, FL 33144

Current Mailing Address:

611 SW 57 AVE
MIAMI, FL 33144

New Mailing Address:

5870 SW 8TH STREET
3 - 4
MIAMI, FL 33144

FEI Number: 57-1139356 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HERNANDEZ, GLORIA M
611 SW 57 AVE
MIAMI, FL 33144 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: HERNANDEZ, GLORIA M
Address: 1850 KEYSTONE BLVD
City-St-Zip: MIAMI, FL 33144

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition
Name: HERNANDEZ, GLORIA M
Address: 17145 NORTH BAY ROAD
City-St-Zip: SUNNY ISLES BEACH, FL 33160

I hereby certify that the information supplied with this filing does not qualify for the 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 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: GLORIA M HERNANDEZ D 04/27/2004

Electronic Signature of Signing Officer or Director — Date