FILED
Mar 15, 2004 8:00 am
Secretary of State

03-15-2004 90073 029 ***158.75

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P03000072231

1. Entity Name: J. R. MEDICAL TECHNOLOGY INC

DO NOT WRITE IN THIS SPACE

24022072

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
236 NW 60 AVENUE	236 NW 60 AVENUE
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: MARGATE FL	City & State: MARGATE
Zip: 33063 Country: USA	Zip: 33063 Country: USA

4. FEI Number: 86-1074019 — Applied For / Not Applicable

5. Certificate of Status Desired: ☑ $8.75 Additional Fee Required

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7. Name and Address of Current Registered Agent

Name: RICHARD GAYLER

Street Address (P.O. Box Number is Not Acceptable): 236 NW 60 AVENUE

City: MARGATE FL Zip Code: 33063

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: 3-9-04

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

January 1 - May 1, Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
PRESIDENT	RICARDO GAYLER	236 NW 60 AV	MARGATE FL. 33063
VICE PRESIDENT	JAIME RODRIGUEZ	236 NW 60 AV	MARGATE FL 33063

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CR2E034B (12/02)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: _____ RICARDO GAILER GARCES 3-9-2004 954 440 1434

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #