


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

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

03-15-2004 90073 029 ***158.75

DOCUMENT # **P0300072231**
1. Entity Name
J.R. MEDICAL TECHNOLOGY
INC



DO NOT WRITE IN THIS SPACE

24022072

2. Principal Place of Business
236 NW 60 AVENUE
Suite, Apt. #, etc.

3. Mailing Address
236 NW 60 AVENUE
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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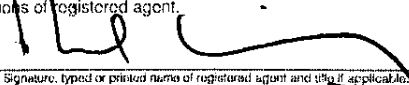
7. Name and Address of Current Registered Agent

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

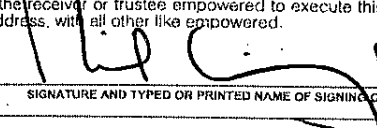
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VICE PRESIDENT TAME RODRIGUEZ 236 NW 60 AV MARGATE FL 33063	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	DO NOT WRITE IN THIS SPACE
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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 Gayler** **3-9-2004** **9414401174**

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

CR2E034B (12/02)