

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

04 OCT -4 AM 10:48
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



REINSTATEMENT 04
0903200441568972

DOCUMENT # P03000077436

1. Entity Name
J.C. HEALTH MANAGEMENT, INC.



Principal Place of Business
10470 ROOSEVELT BOULEVARD
ST. PETERSBURG, FL 33716

Mailing Address
10470 ROOSEVELT BOULEVARD
ST. PETERSBURG, FL 33716

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State

Zip Country

4. FEI Number
57-1178301

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
SPIEGEL & UTRERA, P.A.
1840 SOUTHWEST 22 STREET, 4TH FLOOR
MIAMI, FL 33145

7. Name and Address of New Registered Agent
Name John Crotty
Street Address (P.O. Box Number is Not Acceptable)
10470 Roosevelt Blvd.
City St. Pete FL Zip Code 33716

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 _____ (NOTE: Registered Agent signature required when reinstating)

DATE _____

FILE NOW!!! FEE IS \$150.00 Due by September 8, 2004

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPST CROTTY, JOHN F 10470 ROOSEVELT BOULEVARD ST. PETERSBURG, FL 33716 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 200041568972 10/04/04--01029--018 **\$150.00
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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 Block 11 if changed, or on an attachment with an address, with all other life empowered.

SIGNATURE: JOHN F. CROTTY 9/29/04

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 9/29/04 Daytime Phone # 727 669 9122

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