


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 05, 2005 8:00 am**  
**Secretary of State**

05-05-2005 90110 016 \*\*\*150.00

DOCUMENT # P03000083361 1. Entity Name V & J MEDICAL GROUP, INC.	
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Principal Place of Business 6447 MIAMI LAKES DRIVE, SUITE 225 MIAMI LAKES, FL 33014	Mailing Address 6447 MIAMI LAKES DRIVE, SUITE 225 MIAMI LAKES, FL 33014
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**50049435**



04292005 No Chg-P CR2E034 (10/03)

4. FEI Number 45-0520273	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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**DO NOT WRITE IN THIS SPACE**

6. Name and Address of Current Registered Agent  LINARES, JOSE M 8432 S.W. 38 STREET MIAMI, FL 33155
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**DO NOT WRITE  
IN THIS SPACE**

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  
After May 1, 2005 Fee will be \$550.00**

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	PS LINARES, JOSE M 8432 S.W. 38 STREET MIAMI, FL 33155
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

*Change:  
1295 W 44 Place Apt #5  
#12/024 FL 33012*

**DO NOT WRITE  
IN THIS SPACE**

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 like empowered.

SIGNATURE: *Jose M Linares* 04/25/05 (305) 827-4952  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #