

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 16, 2004 8:00 am
Secretary of State

04-16-2004 90036 013 ***158.75

DOCUMENT # P03000089505 1. Entity Name JLG MED-HOME, INC.					
Principal Place of Business 3810 SW 89TH AVENUE MIAMI, FL 33165			Mailing Address 3810 SW 89TH AVENUE MIAMI, FL 33165		
2. Principal Place of Business 1356 SW 8 St.		3. Mailing Address 1356 SW 8 St.			
Suite, Apt. #, etc. 206		Suite, Apt. #, etc. 206			
City & State Miami, Fl.		City & State Miami, Fl.		4. FEI Number 76-0738970	
Zip 33135		Country USA		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
Zip 33135		Country USA		6. Name and Address of Current Registered Agent GUEVARA, JORGE L 3810 SW 89TH AVENUE MIAMI, FL 33165	
7. Name and Address of New Registered Agent Name Bertha M. Guevara		Street Address (P.O. Box Number is Not Acceptable) 422 E. 45 St.			
City Hialeah		FL		Zip Code 33013	
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: <i>Bertha M. Guevara</i> Bertha M. Guevara Abril 10/2004 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P, S GUEVARA, JORGE L 3810 SW 89TH AVE. MIAMI, FL 33165		TITLE NAME STREET ADDRESS CITY-ST-ZIP	S GUEVARA, JORGE 11090 SW 56 St., Miami, Fl. 33165	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Bertha M. Guevara 422 E. 45 St., Hialeah, Fl. 33013	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: <i>Bertha M. Guevara</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Abril 10/2004 (786) 556-3453 <small>Date Daytime Phone #</small>		