

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000119508

Entity Name: JESSLIE MEDICAL CENTER, INC

FILED
Feb 10, 2004
Secretary of State

Current Principal Place of Business:

701 NW 57 AVENUE
220A
MIAMI, FL 33126

Current Mailing Address:

701 NW 57 AVENUE
220A
MIAMI, FL 33126

New Principal Place of Business:

42 NW 27TH AVENUE
411
MIAMI, FL 33125

New Mailing Address:

42 NW 27TH AVENUE
411
MIAMI, FL 33125

FEI Number: 20-0333010

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CUESTA, JOSE A
526 EAST 32 STREET
HIALEAH, FL 33012 US

Name and Address of New Registered Agent:

TAX DEFENSE CENTER, INC.
2350 W 84TH STREET
20
HIALEAH, FL 33016 US

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.

SIGNATURE: ELYSABET MONTANEZ

02/10/2004

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: ROSALES, LEOVIGILDO
Address: 822 WEST 74 STREET
City-St-Zip: HIALEAH, FL 33014

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LEOVIGILDO ROSALES

P

02/10/2004

Electronic Signature of Signing Officer or Director

Date