

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000005789

FILED
Feb 12, 2007
Secretary of State

Entity Name: JAX'S FAMILY CARE & RESEARCH CENTER, P.A.

Current Principal Place of Business:

5233 RICKER RD
JACKSONVILLE, FL 32210

New Principal Place of Business:

5233 RICKER RD
101
JACKSONVILLE, FL 32210

Current Mailing Address:

5233 RICKER RD
JACKSONVILLE, FL 32210

New Mailing Address:

5233 RICKER RD
101
JACKSONVILLE, FL 32210

FEI Number: 75-3148738

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ANDINO, FRANCISCO
4887 TOPROYAL LN
JACKSONVILLE, FL 32277 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: DE LA HOZ, JAIRO A DR
Address: 5233 RICKER RD
City-St-Zip: JACKSONVILLE, FL 32210

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DR (X) Change () Addition
Name: DE LA HOZ, JAIRO A DR
Address: 5233 RICKER RD
City-St-Zip: JACKSONVILLE, FL 32210

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, 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: JAIRO DE LA HOZ

DR

02/12/2007

Electronic Signature of Signing Officer or Director

Date