2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 04, 2005
Secretary of State

DOCUMENT# P04000009696

Entity Name: J & M MEDICAL CENTER, INC.

Current Principal Place of Business:

585 E. 9TH ST.
#3
HIALEAH, FL 33013

New Principal Place of Business:

2800 WEST 84 STREET
11
HIALEAH, FL 33016

Current Mailing Address:

585 E. 9TH ST.
#3
HIALEAH, FL 33013

New Mailing Address:

2800 WEST 84 STREET
11
HIALEAH, FL 33016

FEI Number: 59-3514335 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

PIERRE, FRANK C MD
585 E. 9TH ST.
#3
HIALEAH, FL 33013 US

Name and Address of New Registered Agent:

MARTINEZ, EUCLIDES
2800 WEST 84 STREET
11
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: EUCLIDES MARTINEZ 04/04/2005
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD ( ) Change (X) Addition
Name: MARTINEZ, EUCLIDES
Address: 2800 WEST 84 STREET # 11
City-St-Zip: HIALEAH, FL 33016

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: EUCLIDES MARTINEZ PD 04/04/2005
Electronic Signature of Signing Officer or Director Date