2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P04000095160

1. Entity Name
JBS MEDICAL, P.A.

Principal Place of Business	Mailing Address
7280 WEST PALMETTO PARK RD. 305 BOCA RATON, FL 33433	7280 WEST PALMETTO PARK RD. 305 BOCA RATON, FL 33433

DO NOT WRITE IN THIS SPACE

07032007   No Chg-P   CR2E034 (11/05)

4. FEI Number	Applied For
NOT APPLICABLE	Not Applicable

5. Certificate of Status Desired ☐   **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

SHAPIRO, MICHAEL B ESQ.
7777 GLADES ROAD, SUITE 110
BOCA RATON, FL 33434

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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_____
Signature, typed or printed name of registered agent and title if applicable.   (NOTE: Registered Agent signature required when reinstating)   DATE

FILE NOW!!! FEE IS $150.00
Due by September 14, 2007

9. Election Campaign Financing Trust Fund Contribution. ☐   **$5.00** May Be Added to Fees

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10.   OFFICERS AND DIRECTORS

TITLE	DR
NAME	ROSENTHAL, ANDREW H M.D.
STREET ADDRESS	7280 WEST PALMETTO PARK RD.
CITY-ST-ZIP	BOCA RATON, FL 33433

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07/16/07-80005-004 150.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: _Andrew Rosenthal MD 7/6/07 5613938800_
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #