2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 15, 2005 8:00 am
Secretary of State
02-08-2005 90005 028 ***150.00

66005361

1st MOORE CR2E034 (10/04)

DOCUMENT # P04000102676

1. Entity Name
J J MEDICAL GROUP, INC

Principal Place of Business	Mailing Address
6151 MIRAMAR PARKWAY, SUITE 104 MIRAMAR FL 33023	6151 MIRAMAR PARKWAY, SUITE 104 MIRAMAR FL 33023

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 20-1356457 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

MORENO, JUAN L
2301 SW 59TH AVENUE LOT 41
HOLLYWOOD FL 33023

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

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
After May 1, 2005 Fee Will Be $550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	PD	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	MORENO, JUAN L		NAME		
STREET ADDRESS	2301 SW 59TH AVE. LOT 41		STREET ADDRESS		
CITY-ST-ZIP	HOLLYWOOD FL 33023		CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
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NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

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: JUAN L. MORENO PRESIDENT 01/28/05 (954)962-5992
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

2005 FOR PROFIT CORPORATION
ANNUAL REPORT (AR)

ATTACHMENT

66005361

DOCUMENT # P04000102676

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Security enhanced document. See back for details.

J. J. MEDICAL GROUP, INC. 07-04
754-423-3740
6151 MIRAMAR PKWY
MIRAMAR, FL 33023-3970

1118

DATE 1/28/05

63-4/630 FL 1603

PAY TO THE ORDER OF Florida Dep State $ 150.00

One hundred and Fifty 00/100 DOLLARS

Bank of America

ACH R/T 063100277

FOR Doc# P04000102676

[redacted]

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

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STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

☐ Change ☐ Addition

2-1-05.

WE SENT THE ORIGINAL ANNUAL REPORT WITHOUT THE CHECK, WHICH IS ATTACHED HEREWITH

PLEASE PROCESS -

CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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