2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000128947

City-St-Zip:

MIAMI, FL 33174

Entity Name: JASON MEDICAL CENTER INC.

FILED May 25, 2006 Secretary of State

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Current F	Principal Place	of Business:	New Principal Place	New Principal Place of Business:	
945 A SW MIAMI, FL					
Current Mailing Address:			New Mailing Address	New Mailing Address:	
945 A SW MIAMI, FL					
FEI Number	r: 16-1707221	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and	d Address of C	urrent Registered Agent:	Name and Address o	f New Registered Agent:	
AGUILA, (9480 SW MIAMI, FL	10 ST				
	e named entity s e of Florida.	submits this statement for the	purpose of changing its registered	d office or registered agent, or both,	
SIGNATU	RE:				
	Electron	ic Signature of Registered Ag	ent	Date	
		3(2)(b), F.S., the corporation did ng Trust Fund Contribution().	ot receive the prior notice.		
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address:	P () AGUILA, GLAD 9480 SW 10 ST		Title: Name: Address:	() Change () Addition	

City-St-Zip:

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: GLADYS AGUILA P 05/25/2006