
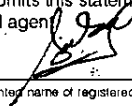



2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 20, 2005 8:00 am --
Secretary of State

04-20-2005 90349 030 ***150.00

| | | | | | |
|---|--|---|--|--|--|
| DOCUMENT # P04000128949 1. Entity Name JKN MEDICAL CENTER INC. | | | |  | |
| Principal Place of Business 7331 W FLAGLER ST MIAMI FL 33144 | | | Mailing Address 7331 W FLAGLER ST MIAMI FL 33144 | | |
| 2. Principal Place of Business 7331 W FLAGLER ST. | | | 3. Mailing Address | | |
| Suite, Apt. #, etc. | | | Suite, Apt. #, etc. | | |
| City & State MIAMI, FL. | | | City & State | | |
| Zip 33144 | | Country DADE | | Zip | |
| Country | | Country | | 4. FEI Number 90-0197516 | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | | | Applied For Not Applicable | |
| 6. Name and Address of Current Registered Agent REYNALDO, JOSEFA 874 NW 21 AVE MIAMI FL 33125 | | | | 7. Name and Address of New Registered Agent Name NELSON ANZARDO CALZADILLA Street Address (P.O. Box Number is Not Acceptable) 874 NW 21 AVE City MIAMI FL Zip Code 33125 | |
| 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  NELSON ANZARDO PRESIDENT DATE 4-8-05 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> | | | | | |
| 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. <input type="checkbox"/> \$5.00 May Be Added to Fees | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD ANZARDO-CALZADILLA, NELSON 874 NW 21 AVE. MIAMI FL 33125 | <input type="checkbox"/> Delete | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | | |
| 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:  NELSON ANZARDO PRESIDENT DATE 4-8-05 (305) 559-0699 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small> | | | | | |

50040671



1st MOORE CR2E034 (10/04)