

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT (AR)**

DOCUMENT # P04000128949

1. Entity Name

JKN MEDICAL CENTER INC.



**FILED  
Mar 14, 2006 8:00 am  
Secretary of State**

03-14-2006 90019 028 \*\*\*150.00



1st MOORE CR2E034 (10/05)

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		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent  GALZADILLA, NELSON ANZANDO 874 NW 21 AVE MIAMI FL 33125			
7. Name and Address of New Registered Agent  Name <i>GALZADILLA NELSON ANZANDO</i> Street Address (P.O. Box Number is Not Acceptable)  <i>SO 200</i> City <i>FL</i> Zip Code <i>FL</i>			

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 *X*

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE *02/25/06*

FILE NOW!!! FEE IS \$150.00  
After May 1, 2006 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 NAME STREET ADDRESS CITY-ST-ZIP	PD ANZANDO-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"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	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 exemptions contained in Section 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 of 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 my address, with all other like empowered.

SIGNATURE: *X*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*NELSON ANZANDO Calzadilla PD. 02/25/06 (305) 362-355*

Date

Daytime Phone #