


2007 FOR PROFIT CORPORATION  
ANNUAL REPORT

**FILED**  
**Mar 26, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P04000147388</b>	
1. Entity Name J & V MEDICAL CENTER, INC.	

Principal Place of Business 8360 WEST FLAGLER STREET SUITE 102 MIAMI, FL 33144	Mailing Address 8360 WEST FLAGLER STREET SUITE 102 MIAMI, FL 33144
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**DO NOT WRITE IN THIS SPACE**

03122007 No Chg-P CR2E034 (11/05)

4. FEI Number 51-0527901	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

HOCH, ANA  
16381 S.W. 23RD STREET  
MIRAMAR, FL 33027

**DO NOT WRITE IN THIS SPACE**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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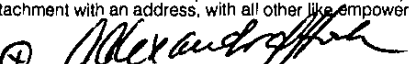
10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HOCH, ANA 8360 WEST FLAGLER STREET, SUITE 102 MIAMI, FL 33144
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U00000678814  
04/03/07-80013-006 150.00

**DO NOT WRITE IN THIS SPACE**

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:  03/20/07 (305) 229-0713

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #