

2013 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

13 JAN 25 PM 1:41

OFFICE OF STATE
TALLAHASSEE, FLORIDA



10142013 Chg-P CR2E034 (12/11)

DOCUMENT # P05000003720			
1. Entity Name JMJ FAMILY PRACTICE, INC.			
Principal Place of Business 300 N. JOHN YOUNG PKWY KISSIMMEE, FL 34741		Mailing Address 300 N. JOHN YOUNG PKWY KISSIMMEE, FL 34741	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 16-1713885		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent FILINGS, INC. 3732 N.W. 16TH STREET FT. LAUDERDALE, FL 33311-4132		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 \$550.00 Due by September 27, 2013		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	PST FERNANDEZ, JOSE R 300 N. JOHN YOUNG PKWY KISSIMMEE, FL 34741 ☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
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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:		DATE _____	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		E-MAIL ADDRESS	

300253756653
11/12/13-01003-001 **150.00

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Corporations

Payments Tools Activity

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Information

Annual Report Filing History

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Session

Transaction ID	Description	Filing Stage
p05000003720-9089aa3a-0513-41e3-9170-21377ad75e9c	Session file for p05000003720 with last modified date of 1/25/2013 12:14:45 PM Eastern Standard Time	Edit
p05000003720-cb362f2e-16c2-43e4-9c31-dd40edba883f	Session file for p05000003720 with last modified date of 8/30/2013 1:08:52 PM Eastern Standard Time	Edit
p05000003720-f33a1601-1206-4c44-bb5b-f8f66c7befb9	Session file for p05000003720 with last modified date of 8/30/2013 1:06:39 PM Eastern Standard Time	FinalReview

Transactions

Transaction Id	Document Id	Filing Fee	Filing Status	Filing Date
P05000003720-17162c1c-9075-44ae-969e-cdac15715886	P05000003720	0	2	1/19/2010 12:00:00 AM
P05000003720-4ddc57a8-1cc6-424f-a441-a2bbd42e77d8	P05000003720	0	2	2/3/2012 12:00:00 AM
P05000003720-5d91344a-b097-4e43-abdb-c1818cef73b2	P05000003720	0	2	1/10/2011 12:00:00 AM

