

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 12, 2006 8:00 am
Secretary of State

09-12-2006 90008 042 ***150.00

DOCUMENT # P05000013953	
1. Entity Name J & Y PROFESSIONAL MEDICAL CENTER, INC.	



Principal Place of Business 175 FONTAINEBLEAU BLVD. SUITE 26-6 MIAMI, FL 33172	Mailing Address 175 FONTAINEBLEAU BLVD. SUITE 26-6 MIAMI, FL 33172
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40103902



2. Principal Place of Business		3. Mailing Address 13000 SW 55 st	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State miami FL	
Zip	Country	Zip 33175	Country DAde

09072006 Chg-P CR2E034 (11/05)

4. FEI Number 42-1658722	Applied For <input checked="" type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent MARIN, YANELY 175 FONTAINEBLEAU BLVD. SUITE 2G-6 MIAMI, FL 33172		7. Name and Address of New Registered Agent	
Name		Name	
Street Address (P.O. Box Number is Not Acceptable)		Street Address (P.O. Box Number is Not Acceptable)	
City		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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$150.00
Due by September 15, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

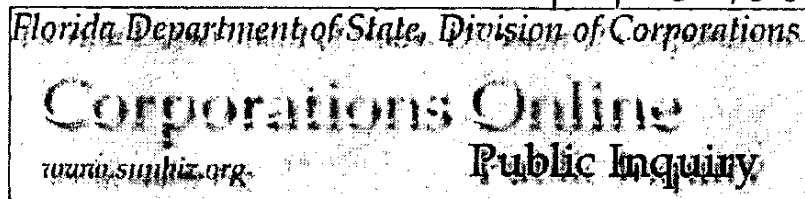
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MARIN, YANELY 175 FONTAINEBLEAU BLVD. SUITE 26-6 MIAMI, FL 33172 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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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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: *[Signature]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

09/02/06
Date

(786) 333 3185
Daytime Phone #



Florida Profit

J & Y PROFESSIONAL MEDICAL CENTER, INC.

PRINCIPAL ADDRESS

175 FONTAINEBLEAU BLVD. SUITE 26-6
MIAMI FL 33172

MAILING ADDRESS

175 FONTAINEBLEAU BLVD. SUITE 26-6
MIAMI FL 33172Document Number
P05000013953State
FLLast Event
AMENDMENTFEI Number
NONEStatus
ACTIVEEvent Date Filed
09/22/2005Date Filed
01/26/2005Effective Date
NONEEvent Effective Date
NONE

Registered Agent

Name & Address
MARIN, YANELY 175 FONTAINEBLEAU BLVD. SUITE 2G-6 MIAMI FL 33172
Name Changed: 09/22/2005

Officer/Director Detail

Name & Address	Title
MARIN, YANELY 175 FONTAINEBLEAU BLVD. SUITE 26-6 MIAMI FL 33172	PD

Annual Reports

Report Year	Filed Date
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ATTACHMENT

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No Name History Information

40103902

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Document Images

Listed below are the images available for this filing.

09/22/2005 -- Amendment
08/30/2005 -- Amendment
02/04/2005 -- Amendment
01/26/2005 -- Domestic Profit

THIS IS NOT OFFICIAL RECORD; SEE DOCUMENTS IF QUESTION OR CONFLICT

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