

2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P05000021832

1. Entity Name

J.D. MOBILE HEALTH SERVICES, INC.



FILED

06 DEC -1 PM 12: 53

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATE



06

Principal Place of Business
511 STILL FOREST TERRACE
SANFORD, FL 32771

Mailing Address
P.O. BOX 951433
LAKE MARY, FL 32795

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

10272006

REIN-P

CR2E098 (11/05)

4. FEI Number

20-2320346

Applied For

Not Applicable

5. Certificate of Status Desired

☒ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

COLLIER, ESQ., THOMAS W JR.
929 N. SPRING GARDEN AVENUE
115
DELAND, FL 32720

Name LISETTE RAMOS

Street Address (P.O. Box Number is Not Acceptable)
530 E. GRAVES AVE

City ORANGE CITY

FL

Zip Code 32763

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 \$150.00
After January 1, 2007, Fee will be \$300.00

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

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	DELGADO, JAVIER	
STREET ADDRESS	P.O. BOX 951433	
CITY - ST - ZIP	LAKE MARY, FL 32795	
TITLE	VP	<input type="checkbox"/> Delete
NAME	DELGADO, JAVIER	
STREET ADDRESS	P.O. BOX 951433	
CITY - ST - ZIP	LAKE MARY, FL 32795	
TITLE	SEC	<input type="checkbox"/> Delete
NAME	DELGADO, JAVIER	
STREET ADDRESS	P.O. BOX 951433	
CITY - ST - ZIP	LAKE MARY, FL 32795	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	400081498214
STREET ADDRESS	11/03/06--01030--010 **158.75
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10-27-06