

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P05000021832

**FILED**  
**Apr 27, 2011**  
**Secretary of State**

**Entity Name:** J.D. MOBILE HEALTH SERVICES, INC.

**Current Principal Place of Business:**

511 STILL FOREST TERRACE  
SANFORD, FL 32771

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 951433  
LAKE MARY, FL 32795

**New Mailing Address:**

**FEI Number:** 20-2320346

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

LISSETTE, RAMOS  
530 E. GRAVES AVE.  
ORANGE CITY, FL 32763 US

**Name and Address of New Registered Agent:**

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.

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

**Title:** P  
**Name:** DELGADO, JAVIER  
**Address:** P.O. BOX 951433  
**City-St-Zip:** LAKE MARY, FL 32795 US

**Title:** VP  
**Name:** DELGADO, JAVIER  
**Address:** P.O. BOX 951433  
**City-St-Zip:** LAKE MARY, FL 32795 US

**Title:** SEC  
**Name:** DELGADO, JAVIER  
**Address:** P.O. BOX 951433  
**City-St-Zip:** LAKE MARY, FL 32795 US

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

**SIGNATURE:** JAVIER DELGADO

P

04/27/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date