

# 2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P05000025986

Entity Name: JN THERAPEUTIC CARE, INC

FILED  
Sep 12, 2007  
Secretary of State

## Current Principal Place of Business:

9320 FOUNTAINEBLEAUE BLVD  
SUITE 506  
MIAMI, FL 33172 US

## New Principal Place of Business:

6332 GAGE PLACE  
MIAMI LAKES, FL 33014 US

## Current Mailing Address:

9320 FOUNTAINEBLEAUE BLVD  
SUITE 506  
MIAMI, FL 33172 US

## New Mailing Address:

6332 GAGE PLACE  
MIAMI, FL 33014 US

FEI Number: 20-2408867

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

MORALES, ANIA  
15354 SW 41 TERRACE  
MIAMI, FL 33185 US

## Name and Address of New Registered Agent:

BASILIO, JOSE D  
1414 NW 107 AVE  
206  
MIAMI, FL 33172 US

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: JOSE D BASILIO

09/12/2007

Electronic Signature of Registered Agent

Date

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

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: MESA, JUAN J  
Address: 9320 FOUNTAINEBLEAUE BLVD STE 506  
City-St-Zip: MIAMI, FL 33172 US

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition  
Name: MESA, JUAN J  
Address: 6332 GAGE PLACE  
City-St-Zip: MIAMI, FL 33014 US

Title: VP ( ) Change (X) Addition  
Name: RODRIGUEZ- DIAZ, MARLEN  
Address: 6332 GAGE PLACE  
City-St-Zip: MIAMI, FL 33014 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: JUAN JOSE MESA

P

09/12/2007

Electronic Signature of Signing Officer or Director

Date