

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000103397

Entity Name: D & J MEDICAL HEALTH, INC.

FILED  
Jan 22, 2008  
Secretary of State

## Current Principal Place of Business:

10550 N.W. 77TH CT.  
#313  
HIALEAH GARDENS, FL 33016

## Current Mailing Address:

10550 N.W. 77TH CT.  
#313  
HIALEAH GARDENS, FL 33016

## New Principal Place of Business:

3750 WEST 16 AVE  
#136U  
HIALEAH, FL 33012

## New Mailing Address:

3750 WEST 16 AVE  
#136U  
HIALEAH, FL 33012

FEI Number: 03-0569597

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

FABELO, MARIA CRISTINA  
10550 NW 77 CT., STE. #313, 314  
HIALEAH GARDENS, FL 33016 US

## Name and Address of New Registered Agent:

NALDA, ALEJANDRO O  
3750 WEST 16 AVE  
#136U  
HIALEAH, FL 33012 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: ALEJANDRO O. NALDA

01/22/2008

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: FABELO, MARIA CRISTINA  
Address: 10550 NW 77 CT., STE. #313, 314  
City-St-Zip: HIALEAH GARDENS, FL 33016

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition  
Name: NALDA, ALEJANDRO O  
Address: 3750 WEST 16 AVE #136U  
City-St-Zip: HIALEAH, FL 33012

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: ALEJANDRO O. NALDA

P

01/22/2008

Electronic Signature of Signing Officer or Director

Date