

2008 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P05000103397

FILED
Apr 10, 2008
Secretary of State**Entity Name:** D & J MEDICAL HEALTH, INC.**Current Principal Place of Business:**3750 WEST 16 AVE
#136U
HIALEAH, FL 33012**New Principal Place of Business:****Current Mailing Address:**3750 WEST 16 AVE
#136U
HIALEAH, FL 33012**New Mailing Address:****FEI Number:** 03-0569597**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**NALDA, ALEJANDRO O
3750 WEST 16 AVE
#136U
HIALEAH, FL 33012 US**Name and Address of New Registered Agent:**FABELO, MARIA C
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: MARIA C. FABELO

04/10/2008

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:**Title:** P () Delete
Name: NALDA, ALEJANDRO O
Address: 3750 WEST 16 AVE #136U
City-St-Zip: HIALEAH, FL 33012**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:****Title:** P (X) Change () Addition
Name: FABELO, MARIA C
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: MARIA C. FABELO

P

04/10/2008

Electronic Signature of Signing Officer or Director

Date