

**2006 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# P05000121650

**FILED**  
**Jul 18, 2006**  
**Secretary of State****Entity Name:** J & S MEDICAL CENTER, INC.**Current Principal Place of Business:**8150-8190 SW 8 STREET 205  
MIAMI, FL 33144**New Principal Place of Business:**8150 SW 8 STREET 205  
MIAMI, FL 33144**Current Mailing Address:**8150-8190 SW 8 STREET 205  
MIAMI, FL 33144**New Mailing Address:**8150 SW 8 STREET 205  
MIAMI, FL 33144**FEI Number:** 20-3400879**FEI Number Applied For ( )****FEI Number Not Applicable ( )****Certificate of Status Desired ( )****Name and Address of Current Registered Agent:**PEDRAZA, JORGE  
8150-8190 SW 8 STREET 205  
MIAMI, FL 33144 US**Name and Address of New Registered Agent:**PANDO, IRAIDA  
8150 SW 8 STREET 205  
MIAMI, FL 33144 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: IRAIDA PANDO

07/18/2006

\_\_\_\_\_  
Electronic Signature of Registered Agent\_\_\_\_\_  
Date**OFFICERS AND DIRECTORS:****Title:** PD ( ) Delete  
**Name:** PEDRAZA, JORGE  
**Address:** 8150-8190 SW 8 STREET 205  
**City-St-Zip:** MIAMI, FL 33144**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:****Title:** PD (X) Change ( ) Addition  
**Name:** PANDO, IRAIDA  
**Address:** 8150 SW 8 STREET 205  
**City-St-Zip:** MIAMI, FL 33144

I hereby certify that the information supplied with this filing does not qualify for the 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: IRAIDA PANDO

PD

07/18/2006

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