

# 2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P06000085410

1. Entity Name  
JC HEALTH, INC.



FILED

07 OCT 29 PM 1:12

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business  
8768 S.W. 8TH STREET  
# 10  
MIAMI, FL 33174

Mailing Address  
8768 S.W. 8TH STREET  
# 10  
MIAMI, FL 33174



REINSTATEMENT

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2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

20-5110944

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

DUNKLEY & ASSOCIATES, P.A.  
8768 S.W. 8TH STREET  
# 10  
MIAMI, FL 33174

Name

Street Address (P.O. Box Number is Not Acceptable)

14100 Palmetto Freeway Rd. 201

City

Miami Lakes

FL

Zip Code

33016

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After January 1, 2008, Fee will be \$300.00

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
P  
CALVO, JUSTO C  
8768 S.W. 8TH STREET # 10  
MIAMI, FL 33174

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

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☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10/25/07 (305) 621-6232