

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000138620

Entity Name: J & J HEALTH CENTER INC.

FILED  
Feb 03, 2009  
Secretary of State

## Current Principal Place of Business:

138 NE 1ST AVE - 2ND FLOOR  
MIAMI, FL 33132

## New Principal Place of Business:

## Current Mailing Address:

138 NE 1ST AVE - 2ND FLOOR  
MIAMI, FL 33132

## New Mailing Address:

FEI Number: 20-5817155

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

LOPEZ, ALBERTO C  
138 NE 1ST AVE - 2ND FLOOR  
MIAMI, FL 33132 US

## Name and Address of New Registered Agent:

LOPEZ, ANTONIO  
138 NE 1ST AVE - 2ND FLOOR  
MIAMI, FL 33132 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: ANTONIO LOPEZ

02/03/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: LOPEZ, ALBERTO C  
Address: 138 NE 1ST AVE - 2ND FLOOR  
City-St-Zip: MIAMI, FL 33132

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition  
Name: LOPEZ, ANTONIO  
Address: 138 NE 1ST AVE - 2ND FLOOR  
City-St-Zip: MIAMI, FL 33132

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: ANTONIO LOPEZ

PD

02/03/2009

Electronic Signature of Signing Officer or Director

Date