

FILED
Jul 12, 2007 8:00 am
Secretary of State

07-12-2007 90056 005 ***550.00

DOCUMENT # P06000143302						Secretary of State 07-12-2007 90056 005 ***550.00	
1. Entity Name J.B. MEDICAL GROUP INC							
Principal Place of Business 7200 NW 7 ST 207 MIAMI, FL 33126				Mailing Address 7200 NW 7 ST 207 MIAMI, FL 33126			
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	
6. Name and Address of Current Registered Agent BARRETO, JOSE A 6290 NW 2 ST MIAMI, FL 33126				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code			
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____							
FILE NOW!!! FEE IS \$550.00 Due by September 14, 2007				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE NAME STREET ADDRESS CITY- ST- ZIP		P BARRETO, JOSE A 6290 NW 2 ST MIAMI, FL 33126 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY- ST- ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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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: 				Date: _____ Daytime Phone: _____			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR							