

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000037787

FILED
Apr 06, 2009
Secretary of State

Entity Name: J & J HEALTHCARE INSTITUTE INC.

Current Principal Place of Business:

750 SOUTH ORANGE BLOSSOM TRAIL
SUITE 260
ORLANDO, FL 32805 US

Current Mailing Address:

14141 HAMSHIRE BAY CR.
WINTER GARDEN, FL 34787

New Principal Place of Business:

750 SOUTH ORANGE BLOSSOM TRAIL
SUITE 253
ORLANDO, FL 32805 US

New Mailing Address:

PO BOX 682149
ORLANDO, FL 32868

FEI Number: 38-3700673

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FLORENCE, POLYNICE
14141 HAMPSHIRE BAY CR
WINTER GARDEN, FL 34787 US

Name and Address of New Registered Agent:

FLORENCE, POLYNICE
750 S. ORANGE BLOSSOM TR
253
ORLANDO, FL 32805 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: FLORENCE POLYNICE

04/06/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: POLYNICE, FLORENCE
Address: 14141 HAMPSHIRE BAY CR.
City-St-Zip: WINTER GARDEN, FL 34787

Title: VP () Delete
Name: POLYNICE, JOANNE
Address: 14141 HAMPSHIRE BAY CR.
City-St-Zip: WINTER GARDEN, FL 34787

Title: VP () Delete
Name: POLYNICE, JOANES
Address: 14141 HAMPSHIRE BAY CR.
City-St-Zip: WINTER GARDEN, FL 34787

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: POLYNICE, FLORENCE
Address: P O BOX 682149
City-St-Zip: ORLANDO, FL 32868

Title: VP (X) Change () Addition
Name: POLYNICE, JOANNE
Address: PO BOX 682149
City-St-Zip: ORLANDO, FL 32868

Title: VP (X) Change () Addition
Name: POLYNICE, JOANES
Address: PO BOX 682149.
City-St-Zip: ORLANDO, FL 32868

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: FLORENCE POLYNICE

P

04/06/2009

Electronic Signature of Signing Officer or Director

Date