

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P11000073720

Entity Name: JH MEDICAL, INC.

**FILED**  
**Mar 21, 2012**  
**Secretary of State**

**Current Principal Place of Business:**

106 1ST CT  
PALM BEACH GARDENS, FL 33410

**New Principal Place of Business:**

5640 W. ATLANTIC AVE  
106  
DELRAY MEDICAL, FL 33484

**Current Mailing Address:**

106 1ST CT  
PALM BEACH GARDENS, FL 33410

**New Mailing Address:**

5640 W. ATLANTIC AVE  
106  
DELRAY MEDICAL, FL 33484

FEI Number: 45-3219678

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

**Name and Address of Current Registered Agent:**

HEIDAL, JANA  
106 1ST CT.  
PALM BEACH GARDENS, FL 33410 US

**Name and Address of New Registered Agent:**

HEIDAL, JANA  
5640 W. ATLANTIC AVE  
DELRAY BEACH, FL 33484 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:

03/21/2012

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P/D  
Name: HEIDAL, JANA  
Address: 5640 W. ATLANTIC AVE  
City-St-Zip: DELRAY BEACH, FL 33484

I hereby 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 all other like empowered.

SIGNATURE: JANA HEIDAL

PRES

03/21/2012

Electronic Signature of Signing Officer or Director

Date