

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P11000103977

**FILED**  
**Jan 19, 2012**  
**Secretary of State**

**Entity Name:** CJ HEALTH AND DENTAL CARE MANAGEMENT, INC.

**Current Principal Place of Business:**

1853 SW 17TH STREET  
UNIT 3  
MIAMI, FL 33145

**New Principal Place of Business:**

**Current Mailing Address:**

1853 SW 17TH STREET  
UNIT 3  
MIAMI, FL 33145

**New Mailing Address:**

**FEI Number:** **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**

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

ACHIEVEMENT CONSULTING SERVICES, INC.  
14 NE 1ST AVENUE  
237  
MIAMI, FL 33132 US

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

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:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: VP  
Name: JOHNSON, CYNETHIA  
Address: 1853 SW 17TH STREET #3  
City-St-Zip: MIAMI, FL 33145

Title: P  
Name: JENKINS, MAURICE  
Address: 9430 SW 134TH STREET  
City-St-Zip: MIAMI, FL 33176

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: CYNETHIA JOHNSON

VP

01/19/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date