

P110000103977

(Requestor's Name)

(Address)

(Address)

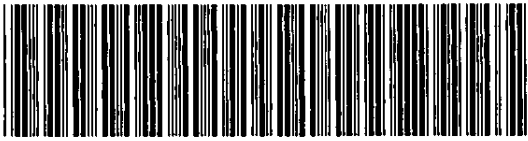
(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_



700236220647

07/12/12--01024--003 \*\*15.00

06/15/12--01003--015 \*\*30.00

12 JUL 12 AM 8:34  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

Special Instructions to Filing Officer:  
Maurice Jenkins  
Advised to Add info  
to Document... Changing  
RAIRO @

Office Use Only

RAIRO/chg  
@ 7.16.12

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** CJ HEALTH AND DENTAL CARE MANAGEMENT  
Name of Corporation

**DOCUMENT NUMBER:** P 11000103977

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

MAURICE JENKINS  
Name of Contact Person

\_\_\_\_\_  
Firm/Company

9340 SW 134 ST  
Address

MIAMI FLORIDA 33176  
City/State and Zip Code

moe.gator@comcast.net  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

MAURICE JENKINS at (305) 414-9828  
Name of Contact Person Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State.

**Mailing Address:**  
Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**  
Amendment Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

June 22, 2012

MAURICE JENKINS  
CJ HEALTH AND DENTAL CARE MANAGEMENT INC  
9340 SW 134 STREET  
MIAMI, FL 33176

SUBJECT: CJ HEALTH AND DENTAL CARE MANAGEMENT, INC.  
Ref. Number: P11000103977

We have received your document for CJ HEALTH AND DENTAL CARE MANAGEMENT, INC. and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The application/form submitted does not meet the requirements of this office; please complete the attached application/form.

The fee to file your document is \$35.

There is a balance due of \$10.00.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Irene Albritton  
Regulatory Specialist II

Letter Number: 012A00017275

**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS**

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of FLORIDA in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: CJ Health AND Dental Care Management
2. The principal office address: 9340 SW 134 ST  
MIAMI, FL 33176
3. The mailing address (if different): \_\_\_\_\_
4. Date of incorporation/qualification: 12/01/2011 Document number: P11000103977
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

Achievement consulting Services, Inc.  
14 NE 1st Avenue #237  
MIAMI, FL 33132

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

Maurice Jenkins  
9340 SW 134 ST  
MIAMI FL 33176

P O Box NOT acceptable

SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
12 JUL 12 AM 8:34

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

[Signature]  
Signature of an officer or director

MAURICE JENKINS  
Printed or typed name and title

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.

[Signature]  
Signature of Registered Agent

7/9/2012  
Date

If signing on behalf of an entity:  
MAURICE JENKINS  
Typed or Printed Name

\*\*\* FILING FEE: \$35.00 \*\*\*