

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 02, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # P94000042512**

1. Entity Name

J & K MEDICAL CENTER OF PALM BEACH, INC.



Principal Place of Business

3974 OKEECHOBEE BLVD  
WEST PALM BEACH, FL 33409

Mailing Address

3974 OKEECHOBEE BLVD  
WEST PALM BEACH, FL 33409



04292008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number

65-0508154

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

FANG, KEH-NAN  
3974 OKEECHOBEE BLVD  
WEST PALM BEACH, FL 33409

**DO NOT WRITE  
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution ☐

**\$5.00** May Be  
Added to Fees

000000945188  
05/29/08 80129 021 150.00

10. OFFICERS AND DIRECTORS

TITLE DP  
NAME LEE, JENNY  
STREET ADDRESS 3974 OKEECHOBEE BLVD  
CITY-ST-ZIP WEST PALM BEACH, FL 33409

TITLE DV  
NAME FANG, KEH-NAN  
STREET ADDRESS 3974 OKEECHOBEE BLVD  
CITY-ST-ZIP WEST PALM BEACH, FL 33409

TITLE  
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STREET ADDRESS  
CITY-ST-ZIP

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NAME  
STREET ADDRESS  
CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*keh-nan fang*

4/29/08