

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P94000042512

FILED  
Mar 12, 2010  
Secretary of State

Entity Name: J & K MEDICAL CENTER OF PALM BEACH, INC.

## Current Principal Place of Business:

3974 OKEECHOBEE BLVD  
WEST PALM BEACH, FL 33409

## New Principal Place of Business:

4047 OKEECHOBEE BLVD #113  
WEST PALM BEACH, FL 33409

## Current Mailing Address:

3974 OKEECHOBEE BLVD  
WEST PALM BEACH, FL 33409

## New Mailing Address:

4047 OKEECHOBEE BLVD #113  
WEST PALM BEACH, FL 33409

FEI Number: 65-0508154

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

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

## Name and Address of New Registered Agent:

FANG, KEH-NAN  
4047 OKEECHOBEE BLVD #113  
WEST PALM BEACH, FL 33409 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: KEH-NAN FANG

03/12/2010

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: DP  
Name: LEE, JENNY  
Address: 4047 OKEECHOBEE BLVD #113  
City-St-Zip: WEST PALM BEACH, FL 33409

Title: DV  
Name: FANG, KEH-NAN  
Address: 4047 OKEECHOBEE BLVD #113  
City-St-Zip: WEST PALM BEACH, FL 33409

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: KEH-NAN FANG

DP

03/12/2010

Electronic Signature of Signing Officer or Director

Date