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Feb 21, 1999 8:00 am
Secretary of State

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P95000043659

1. Corporation Name

J AND G MEDICAL MANAGEMENT, INC.

Principal Place of Business

8910 MIRAMAR PARKWAY
SUITE 117
MIRAMAR FL 33025

Mailing Address

8910 MIRAMAR PARKWAY
SUITE 117
MIRAMAR FL 33025

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 8910 Miramar Pkwy		21 8910 Miramar Pkwy		06/06/1995	
22 Suite, Apt. #, etc. #117		22 Suite, Apt. #, etc. Suite		4. FEI Number	
23 City & State Miramar FL		23 City & State		65-0589430	
24 Zip 33025		24 Zip		5. Certificate of Status Desired	
25 Country Brazil		25 Country		8.75 Additional Fee Required	
26		26		6. Election Campaign Financing	
27		27		Trust Fund Contribution	
28		28		5.00 May Be Added to Fees	
29		29		8. This corporation owes the current year intangible	
30		30		Personal Property Tax.	
31		31		Yes No	
8. Name and Address of Current Registered Agent			10. Name and Address of New Registered Agent		
GOLDMAN, GARY B 2630 N.E. 203RD ST. SUITE 103 N. MIAMI BEACH FL 33180			81 Name Rufus Joseph		
			82 Street Address (P.O. Box Number is Not Acceptable)		
			8910 Miramar Pkwy #117		
			83		
			84 City Miramar		
			FL		
			85 Zip Code 33025		

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Rufus Joseph

(NOTE: Registered Agent signature required when reinstating)

3-23-99

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PTD	1.1 TITLE	
NAME	JOSEPH, RUFUS M.D.	1.2 NAME	
STREET ADDRESS	8910 MIRAMAR PKWY 117	1.3 STREET ADDRESS	
CITY-ST-ZIP	MIRAMAR FL	1.4 CITY-ST-ZIP	
TITLE	VSD	2.1 TITLE	
NAME	GARRETT, KENDIS MD	2.2 NAME	
STREET ADDRESS	8910 MIRAMAR PKWY, 117	2.3 STREET ADDRESS	
CITY-ST-ZIP	MIRAMAR FL	2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 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 #

1/7/99 (954) 436-8444

CR2E034 (11/98)