

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED

May 06 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS



DOCUMENT # P95000078877
1. Corporation Name
JANWOOD MEDICAL, INC.

Principal Place of Business Mailing Address
214 S. MILITARY TRAIL
DEERFIELD BEACH FL 33442

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		4. FEI Number		3. Date Incorporated or Qualified	
21 SAME		26 SAME		65-0608178		9-15-95	
Suite, Apt. #, etc.		Suite, Apt. #, etc.				Applied For	
22 -		27 -		5. Certificate of Status Desired		Not Applicable	
City & State		City & State				\$8.75 Additional Fee Required	
23 -		28 -		6. Election Campaign Financing Trust Fund Contribution		\$5.00 May Be Added to Fees	
Zip		Zip				8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.	
24 -		29 -				Yes No	
Country		Country					
25 -		30 -					

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

JANINE LOVING-AYERS
6280 NW 120th DRIVE
CORAL SPRINGS FL 33076

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	

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 provisions of, Section 607.0505, Florida Statutes.

SIGNATURE: Janine J. Ayers DATE: 4-22-98

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PRESIDENT	11 TITLE	
NAME	JANINE L. AYERS	12 NAME	
STREET ADDRESS	6280 NW 120th DRIVE	13 STREET ADDRESS	
CITY-ST-ZIP	CORAL SPRINGS FL 33076	14 CITY-ST-ZIP	
TITLE		21 TITLE	
NAME		22 NAME	
STREET ADDRESS		23 STREET ADDRESS	
CITY-ST-ZIP		24 CITY-ST-ZIP	
TITLE		31 TITLE	
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY-ST-ZIP		34 CITY-ST-ZIP	
TITLE		41 TITLE	
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE		51 TITLE	
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 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.

SIGNATURE: Janine J. Ayers DATE: 4-22-98 954-725-8848

CR2E034 (10/97)