

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

FILED

Feb 12 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State

DOCUMENT # P96000001338 (8)

1. Corporation Name
JM HEALTH ASSOCIATES, INC.

Principal Place of Business

816 NE 17TH AVE #5A
FT LAUDERDALE FL 33304

Mailing Address



Mr. Jay G. Marquard
120 NW 53rd Pl.
Pompano Beach, FL 33064



3. Date Incorporated or Qualified
12/29/1995

3a. Date of Last Report
03/21/1996

4. FEI Number
65-0633639

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☒ Yes ☐ No

2. Principal Place of Business
21 1600 S. FEDERAL Hwy
Suite, Apt. #, etc.

22 Suite 820

23 Pompano Bch Fl.

24 33062 25 USA.

2a. Mailing Address
26 1600 S. FEDERAL Hwy
Suite, Apt. #, etc.

27 Suite 820

28 Pompano Bch Fl.

29 33062 30 USA.

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent



Mr. Jay G. Marquard
120 NW 53rd Pl.
Pompano Beach, FL 33064

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83 1600 S. FEDERAL Hwy

84 Suite 820

85 Pompano Bch Fl.

FL

86 Zip Code
33062

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

Signature: typed or printed name of registered agent and fee if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D ☐ DELETE

NAME Mr. Jay G. Marquard
STREET ADDRESS 120 NW 53rd Pl.
CITY-ST-ZIP Pompano Beach, FL 33064

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME
1.3 STREET ADDRESS 1600 S. FEDERAL Hwy # 820
1.4 CITY-ST-ZIP Pompano Bch, Fl. 33062

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do 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:

Signature: typed or printed name of signing officer or director

REQUIRED

1/14/97

954-764-1411

Date

Daytime Phone #

0210072

CR2E034 (9/96)