

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000087081

FILED
Apr 23, 2008
Secretary of State

Entity Name: LE JEUNE MEDICAL SERVICES, INC.

Current Principal Place of Business:

4343 WEST FLAGLER ST.
SUITE 350
MIAMI, FL 33134

New Principal Place of Business:

Current Mailing Address:

4343 WEST FLAGLER ST.
SUITE 350
MIAMI, FL 33134

New Mailing Address:

FEI Number: 65-0705230 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LORENZO, EMILIO M
3616 WEST FLAGLER ST
#4
MIAMI, FL 33135 US

Name and Address of New Registered Agent:

LORENZO, EMILIO M
4343 WEST FLAGLER ST
#350
MIAMI, FL 33134 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: EMILIO M. LORENZO

04/23/2008

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DPST () Delete
Name: LORENZO, EMILIO M
Address: 3616 WEST FLAGLER ST #4
City-St-Zip: MIAMI, FL 33135

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DPST (X) Change () Addition
Name: LORENZO, EMILIO M
Address: 4343 WEST FLAGLER ST #350
City-St-Zip: MIAMI, FL 33134

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: EMILIO M. LORENZO

PRES

04/23/2008

Electronic Signature of Signing Officer or Director

Date