

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

FILED  
Feb 02 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 # P97000026408 (9)

1. Corporation Name

JD HEALTHCARE, INC.



Principal Place of Business

Mailing Address

1489 W PALMETTO PARK ROAD  
SUITE 485  
BOCA RATON FL 33486

1489 W PALMETTO PARK ROAD  
SUITE 485  
BOCA RATON FL 33486

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/19/1997

4. FEI Number

65-0738532

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 owes or has paid the current year Intangible  
Personal Property Tax due June 30.

☐ Yes ☒ No

2. Principal Place of Business

2a. Mailing Address

21 2717 W Cypress Creek Rd

26 2717 W Cypress Creek Rd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 Suite 100

27 Suite 100

City & State

City & State

23 Ft Lauderdale, Florida

28 Ft Lauderdale, Florida

Zip

Zip

Country

Country

24 33309

25 USA

29 33309

30 USA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CANTOR, SAMUEL J  
1489 W PALMETTO PARK ROAD  
SUITE 485  
BOCA RATON FL 33486

81 Name

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

83

84 City

FL

85 Zip Code

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 title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D ☐ DELETE  
NAME PARKER, DAVID L  
STREET ADDRESS 2717 W CYPRESS CREEK RD, STE 100  
CITY-ST-ZIP FORT LAUDERDALE FL 33309

1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

TITLE D ☒ DELETE  
NAME SCOTFORD, JOHN  
STREET ADDRESS 2717 W CYPRESS CREEK RD, STE 100  
CITY-ST-ZIP BOCA RATON FL 33486

2.1 TITLE ☐ Change ☒ Addition  
2.2 NAME Debra Parker  
2.3 STREET ADDRESS 2717 W. Cypress Creek Rd.  
2.4 CITY-ST-ZIP Ft. Lauderdale, Florida 33309

TITLE D ☒ DELETE  
NAME CANTOR, SAMUEL J  
STREET ADDRESS 1489 W PALMETTO PARK RD, STE 485  
CITY-ST-ZIP BOCA RATON FL 33486

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
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.

SIGNATURE

*[Signature]*

1-26-98

800-724-1153

CR2E034 (10/97)