2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Apr 08, 2005 08:00 AM Secretary of State DOCUMENT # P97000091003 1. Entity Name J.C. MEDICAL SERVICES & EQUIPMENT, CORP. Principal Place of Business ____ Mailing Address 4250 S. W. 4TH ST. MIAM! FL 33134 4250 S.W. 4TH ST. **MIAMI FL 33134** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Surre. Apt. #. etc. 1st MOORE CR2E034 (10/04) City & State City & State 4. FEI Number Applied For 65-0793718 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name MEDINA, JUAN C Street Address (P.O. Box Number is Not Acceptable) 4250 S.W. 4TH CT. MIAMI FL 33134 Zip Code 8. 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when rainstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing **\$5.00** May Be After May 1, 2005 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. PSTD HILE ☐ Delete ance Change Addition U00000294408 04/08/05-80068-004 150.00 MEDINA, JUAN C NAME NAME STREET ADDRESS 4250 S. W. 4TH ST. STREET ADDRESS CITY-SI-ZIP MIAMI FL 33134 CHY-SI-ZIP ☐ Delete THLE ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP WHE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CHY-ST-ZIP THILE Delete HHE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP HILE Delete Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-S1-ZIP CITY-ST-ZIF TITLE Delete THE Addition Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CHY-ST-ZIP

12. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

FILED