2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 04, 2004
Secretary of State

DOCUMENT# P98000052269

Entity Name: J.A.O. MEDICAL CENTER, INC.

Current Principal Place of Business:

17901 NW 5TH STREET
#105
PEMBROKE PINES, FL 33029

New Principal Place of Business:

Current Mailing Address:

17901 NW 5TH STREET
#105
PEMBROKE PINES, FL 33029

New Mailing Address:

FEI Number: 65-0843540 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ORCASITA NG, JOSE A
15535 MIAMI LAKEWAY NORTH
APT 201
MIAMI LAKES, FL 33014 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: MD ( ) Delete
Name: ORCASITA-NG, JOSE A
Address: 17901 NW 5TH 105
City-St-Zip: PEMBROKE PINES, FL 33029

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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: JOSE A. ORCASITA NG MD 05/04/2004

Electronic Signature of Signing Officer or Director — Date