


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 28, 2006 08:00 AM
Secretary of State

DOCUMENT # P98000052269 1. Entity Name J.A.O. MEDICAL CENTER, INC.	
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Principal Place of Business 17901 NW 5TH STREET #105 PEMBROKE PINES, FL 33029	Mailing Address 17901 NW 5TH STREET #105 PEMBROKE PINES, FL 33029
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04192006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0843540	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

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

**DO NOT WRITE
IN THIS SPACE**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MD ORCASITA-NG, JOSE A 17901 NW 5TH 105 PEMBROKE PINES, FL 33029
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05/10/06-80026-016 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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.

SIGNATURE: Jose A. Orcasita NG Date 4-25-06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone # _____