

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Sep 05, 2007 08:00 AM
Secretary of State

DOCUMENT # P98000052269

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



Principal Place of Business
**17901 NW 5TH STREET
#105
PEMBROKE PINES, FL 33029**

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



07162007 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
Due by September 14, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE	MD
NAME	ORCASITA-NG, JOSE A
STREET ADDRESS	17901 NW 5TH 105
CITY-ST-ZIP	PEMBROKE PINES, FL 33029

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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CITY-ST-ZIP	

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09/05/07-80003-018 150.00

**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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #