

2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000052269

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

FILED
Mar 29, 2010
Secretary of State

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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

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

I hereby 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 all other like empowered.

SIGNATURE: JOSE A ORCASITA-NG

MD

03/29/2010

Electronic Signature of Signing Officer or Director

Date