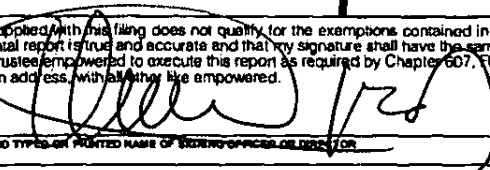


FILED
Mar 07, 2008 8:00 am
Secretary of State

01-31-2008 90032 027 ***158.75

1/31/

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P98000081307		
1. Entity Name JOHANA MEDICAL SERVICES CORP		
Principal Place of Business 9821 SW 73 CT. MIAMI, FL 33156		Mailing Address 9821 SW 73 CT. MIAMI, FL 33156
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent ELIAS, MAGDA 9821 SW 73 CT. MIAMI, FL 33156		66002808  01232008 No Chg-P CR2E034 (11/05) 4. FEI Number 65-0864511 Applied For Not Applicable 5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required
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 fee if applicable. (NOTE: Registered Agent signature required when re-registering) DATE _____		
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 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	PTR MENDOZA, OSCAR 9821 SW 73 CT. MIAMI, FL 33156	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS ELIAS, MAGDA 9821 SW 73 CT. MIAMI, FL 33156	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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:  2/6/08 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #		