

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 22, 1999 8:00 am
Secretary of State

04-22-1999 90047 028 ***158.75

DOCUMENT # P98000089164

1. Corporation Name

JFA HEALTH SERVICES, INC.

Principal Place of Business

16113 TURNBURY OAK DRIVE
ODESSA FL 33556

Mailing Address

16113 TURNBURY OAK DRIVE
ODESSA FL 33556

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/19/1998

4. FEI Number

59-3539367

Applied For

Not Applicable

5. Certificate of Status Desired ☒

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

2a. Mailing Address

21 4410 W. Hillsborough Ave

26 PO Box 152256

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 Suite i

27

City & State

City & State

23 TAMPA FL

28 TAMPA FL

Zip

Country

24 33614

25 USA

Zip

Country

29 33684

30 USA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

JAMES, MICHAEL
16113 TURNBURY OAK DRIVE
ODESSA FL 33556

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstalling)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE
NAME ~~PRESIDENT~~
STREET ADDRESS ~~MICHAEL JAMES~~
CITY-ST-ZIP ~~16113 Turnbury Oak Dr~~
~~ODESSA, FL 33556~~

1.1 TITLE ☐ Change ☒ Addition
1.2 NAME ~~PRESIDENT~~
1.3 STREET ADDRESS ~~MICHAEL JAMES~~
1.4 CITY-ST-ZIP ~~16113 Turnbury Oak Dr, FL 33556~~

TITLE ☐ DELETE
NAME ~~VICE PRESIDENT~~
STREET ADDRESS ~~STEVE FEINSTEIN~~
CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME ~~Director~~
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 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 #

SIGNATURE: MICHAEL JAMES PRESIDENT 4/14/99 806-9500 813

CR2E034 (11/98)