

2005 FOR PROFIT CORPORATION ANNUAL REPORT

1052

DOCUMENT # P99000031639 1. Entity Name J.K. MEDICAL EQUIPMENT, CORP.		 <div style="text-align: right;">05 JUN 20 PM 2:12</div>	
Principal Place of Business 4350 W SUNRISE BLVD. SUITE 120 PLANTATION, FL 33313		Mailing Address 4350 W SUNRISE BLVD. SUITE 120 PLANTATION, FL 33313	
2. Principal Place of Business 5511 SW 44 AVE Suite, Apt. #, etc.		3. Mailing Address SAME Suite, Apt. #, etc.	
City & State FT LAUDERDALE		City & State FT LAUDERDALE	
Zip 33314		Country USA	
4. FEI Number 65-0912174		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent KRAFT, SHARON %ABC BOOKKEEPING 4435 SW 26 AVE FORT LAUDERDALE, FL 33312		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="text-align: right;">FL Zip Code</div>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reissuing) DATE</small>			
FILE NOW!!! FEE IS \$150.00 Due by September 7, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P KESTLER, JOANNE 5511 SW 44 AVE FORT LAUDERDALE, FL 33314	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 400056350464 06/20/05--01063--006 **150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. 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 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:		JOANNE KESTLER	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date 6/17/05 Daytime Phone # 954 448 3515	

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**ABC BOOKKEEPING SERVICE
4435 SW 26TH AVENUE
FT LAUDERDALE FL 33312
(954) 966 8083 FAX (954-983 8641) 8am-4pm**

DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
409 GAINES STREET
TALLAHASSEE FL 32399

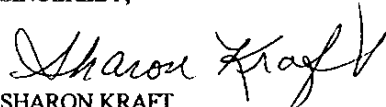
RE: JK MEDICAL EQUIPMENT CORP P99000031639

TO WHOM IT MAY CONCERN:

PLEASE BE ADVISED THE ENCLOSED CORPORATION DID NOT RECEIVE THE RENEWAL CARD FOR 2005 UBR. WE HAVE DOWNLOADED FROM THE NET THE REPORT AND WE CHECKED THE BLOCK THAT SAYS WE DID NOT RECEIVE THE CARD. PLEASE FIND THE ENCLOSED CHECK FOR \$150.00 & REQUEST YOU PLEASE WAIVE THE LATE FEE.

THANK YOU FOR YOUR TIME AND ATTENTION TO THIS MATTER.

SINCERELY,


SHARON KRAFT
ABC BOOKKEEPING SERVICE
FOR THE FIRM