

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000031639

FILED
Sep 04, 2006
Secretary of State

Entity Name: J.K. MEDICAL EQUIPMENT, CORP.

Current Principal Place of Business:

5511 SW 44TH AVENUE
FT. LAUDERDALE, FL 33314

New Principal Place of Business:

Current Mailing Address:

5511 SW 44TH AVENUE
FT. LAUDERDALE, FL 33314

New Mailing Address:

FEI Number: 65-0912174 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KRAFT, SHARON
%ABC BOOKKEEPING
4435 SW 26 AVE
FORT LAUDERDALE, FL 33312 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

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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: KESTLER, JOANNE
Address: 5511 SW 44 AVE
City-St-Zip: FORT LAUDERDALE, FL 33314

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: JOANNE KESTLER

P

09/04/2006

_____ Electronic Signature of Signing Officer or Director

_____ Date