2006 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # P99000086219

1. Entity Name
JPH OF BROWARD INC.

FILED
06 AUG 21 PM 3:59
SECRETARY OF STATE
TALLAHASSEE FLORIDA

Principal Place of Business	Mailing Address
952 NW 66 AVENUE POMPANO BEACH, FL 33063	952 NW 66 AVENUE POMPANO BEACH, FL 33063

08152006 Chg-P CR2E034 (11/05)

2. Principal Place of Business	3. Mailing Address
952 NW 66 AVE Suite, Apt. #, etc.	952 NW 66 AVE Suite, Apt. #, etc.
City & State: MARGATE FLA	City & State: MARGATE FLA
Zip: 33063 Country: BROWARD	Zip: 33063 Country: BROWARD

4. FEI Number: 65-0965317 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
HUMPAGE, PATRICIA 1235 NW 66TH AVE MARGATE, FL 33063	Name: ERIC F. BEYER Street Address (P.O. Box Number is Not Acceptable): 3692 TERRAPIN LANE #1615 City: CORAL SPRINGS FL Zip Code: 33067

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] 8/15/2006
(Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating) DATE

Amended AR is $61.25

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P HUMPAGE, PATRICIA 1235 NW 66 AVE MARGATE, FL 33063	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V.P Eric F. Beyer 3692 Terrapin Lane #1615 Coral Springs, FL 33067	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	500079128225 08/25/06--01032--015 **70.00	☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

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: Patricia A Humpage 08/15/06 954-968-3750
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

JC 8/22