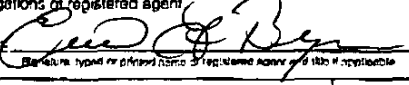
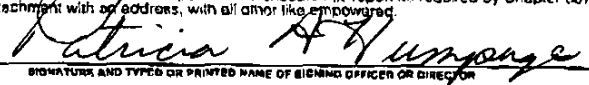


2006 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # P99000086219			
1. Entity Name JPH OF BROWARD INC.			
Principal Place of Business 952 NW 66 AVENUE POMPANO BEACH, FL 33063		Mailing Address 952 NW 66 AVENUE POMPANO BEACH, FL 33063	
2. Principal Place of Business 952 NW 66 AVE Suite, Apt. #, etc.		3. Mailing Address 952 NW 66 AVE Suite, Apt. #, etc.	
City & State MARGATE FLA		City & State MARGATE FLA	
Zip 33063		Country BROWARD	
4. FEI Number 65-0965317		Applied For Not Applicable	
5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required			
8. Name and Address of Current Registered Agent HUMPAGE, PATRICIA 1235 NW 66TH AVE MARGATE, FL 33063		7. Name and Address of New Registered Agent Name ERIC F. BEYER Street Address (P.O. Box Number is Not Acceptable) 3692 TERRAPIN LANE #1615 City CORAL SPRINGS FL Zip Code 33067	
6. 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 		DATE 8/15/2006	
Amended AR is \$81.25		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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ 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 ☐ Change ☐ Addition	
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 prior like empowerments.			
SIGNATURE: 		DATE 08/15/06 954 968-3750	

FILED

06 AUG 21 PM 3:59

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

08152008 Chg-P CR2E034 (11/05)

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