2008 FOR PROFIT CORPORATION

FILED Feb 06, 2008 08:00 AM Secretary of State **ANNUAL REPORT** DOCUMENT # P99000086219 1. Entity Name JPH OF BROWARD INC. Principal Place of Business Mailing Address 952 NW 66 AVENUE 952 NW 66 AVENUE MARGATE, FL 33063 US MARGATE, FL 33063 US 02022008 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0965317 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent BEYER, ERIC F DO NOT WRITE 3692 TERRAPIN LANE, #1615 CORAL SPRINGS, FL 33067 IN THIS SPACE 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, typed or printed name of registered agent and title if applicable (NOTE Regulered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. TITLE HUMPAGE, PATRICIA NAME STREET ADDRESS 1235 NW 66 AVE CITY-ST-ZIP MARGATE, FL 33063 TITLE BEYER, ERIC F NAMÉ STREET ADDRESS 3692 TERRAPIN LANE, #1615 CORAL SPRINGS, FL 33067 CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP

12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental peport 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 changed, or on an attachment w

SIGNATURE:

TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME , STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR