DOCUMENT # P99000093231

1. Entity Name

J & M MED SERVICES, CORP.

FILED
Jun 09, 2000 8:00 am
Secretary of State
06-09-2000 90008 003 ***150.00

Principal Place of Business	Mailing Address
5180 N.W. 7TH STREET #703 MIAMI, FL 33126	5180 N.W 7TH STREET #703 MIAMI, FL 33126

2. Principal Place of Business	3. Mailing Address
1490 W. 49 PLACE	
Suite, Apt. #, etc. STE 530	Suite, Apt. #, etc.
City & State HIALEAH, FL	City & State
Zip 33012	Country US
Zip	Country

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-095 8810
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

MARANON, JUAN
5180 N.W. 7TH STREET
#703
MIAMI, FL 33126

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

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

This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW!!! FEE IS $150.00
After MAY 1, 2000 Fee will be $550.00
Make Check Payable to Department of State

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

OFFICERS AND DIRECTORS

☐ Delete
PD
MARANON, JUAN
5180 N.W. 7TH STREET #703
MIAMI, FL 33126

☐ Delete
VD
MARANON, MARLENE
5180 N.W. 7TH STREET #703
MIAMI, FL 33126

☐ Delete

☐ Delete

☐ Delete

☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

☐ Change ☐ Addition
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition
TITLE
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CITY-ST-ZIP

☐ Change ☐ Addition
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CITY-ST-ZIP

☐ Change ☐ Addition
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Marlene Maranon MARLENE MARANON 4/28/00 (305) 558-5002
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #