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PROFIT CORPORATION ANNUAL REPORT

1996

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **V43688** **(3)**

1. Corporation Name

J & B MEDICAL SERVICES, INC.

Principal Place of Business	Mailing Address
~~1850 SW 8 STREET~~ ~~SUITE 400~~ ~~MIAMI FL 33135~~	~~1850 SW 8 STREET~~ ~~SUITE 400~~ ~~MIAMI FL 33135~~

3. Date Incorporated or Qualified: 06/15/1992
3a. Date of Last Report: 04/04/1995

2. Principal Place of Business	2a. Mailing Address
21 175 FONTAINEBLEAU BLVD	26 175 FONTAINEBLEAU BLVD.
Suite, Apt. #, etc. 22 1A1	Suite, Apt. #, etc. 27 1A1
City & State 23 MIA, FL	City & State 28 MIA, FL
Zip / Country 24 33172 / 25 USA	Zip / Country 29 33172 / 30 USA

4. FEI Number: 65-0339927 — Applied For / Not Applicable

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

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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
CASTELLANOS, JOSE ~~1850 SW 8 STREET~~ ~~SUITE 400~~ ~~MIAMI FL 33135~~	81 Name: JOSE CASTELLANOS 82 Street Address (P.O. Box Number is Not Acceptable): 175 FONTAINEBLEAU BLVD STE 1A1 83 84 City: MIAMI, FL 85 Zip Code: 33172

11. Pursuant to the provisions of Sections 607.1505 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE ✓ — 3/8/96
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD CASTELLANOS, JOSE 1850 SW 8 STREET, STE. 400 MIAMI FL 33135 ☒ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	PD CASTELLANOS, JOSE 175 FONTAINEBLEAU BLVD STE 1A1 MIAMI, FL 33172 ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	☐ Change ☐ Addition

CR2E034 (12/95)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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 annual 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 12 or Block 13 if changed, or in an attachment with an address.

SIGNATURE: ✓ — 3/8/96
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #