

**2013 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# H92063

**Entity Name:** J.P.C. MEDICAL, INC.

**Current Principal Place of Business:**

% JUAN P. CASTELLANOS  
2140 W 68 ST STE 202  
HIALEAH, FL 33016-1815

**Current Mailing Address:**

% JUAN P. CASTELLANOS  
2140 W 68 ST STE 202  
HIALEAH, FL 33016-1815 US

**FEI Number:** 59-2648495

**Certificate of Status Desired:** Yes

**Name and Address of Current Registered Agent:**

CASTELLANOS, JUAN P.  
2140 W 68 ST STE 202  
HIALEAH, FL 33016-1815 US

*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:** \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**Officer/Director Detail :**

Title MD  
Name CASTELLANOS, JUAN P.  
Address 2140 W 49 ST STE 202  
City-State-Zip: HIALEAH FL 33016-1815

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE:** JUAN P CASTELLANOS

MD

04/29/2013

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date