

**2017 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P10000046617

**Entity Name:** JCM MEDICAL SERVICES INC

**Current Principal Place of Business:**

87 EAST 49TH STREET  
HIALEAH, FL 33013

**Current Mailing Address:**

87 EAST 49TH STREET  
HIALEAH, FL 33013 US

**FEI Number:** 80-0602200

**Certificate of Status Desired:** No

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

SAROL, JUAN C MD  
591 NW 125TH AVE  
MIAMI, FL 33182 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:** JUAN C SAROL MD

02/21/2017

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title	P	Title	VP
Name	SAROL, JUAN C MD	Name	ROCHER, MARAY MD
Address	591 NW 125TH AVE	Address	591 NW 125TH AVE
City-State-Zip:	MIAMI FL 33182	City-State-Zip:	MIAMI FL 33182

*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:** SAROL, JUAN C MD

**PRESIDENT**

02/21/2017

Electronic Signature of Signing Officer/Director Detail

Date