

2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000087081

Entity Name: LE JEUNE MEDICAL SERVICES, INC.

Current Principal Place of Business:

4343 WEST FLAGLER ST.
SUITE 350
MIAMI, FL 33134

Current Mailing Address:

4343 WEST FLAGLER ST.
SUITE 350
MIAMI, FL 33134

FEI Number: 65-0705230

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

LORENZO, EMILIO M
4343 WEST FLAGLER ST
SUITE 350
MIAMI, FL 33134 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 DPST
Name LORENZO, EMILIO M
Address 4343 WEST FLAGLER ST SUITE 350
City-State-Zip: MIAMI FL 33134

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: EMILIO M LORENZO

PRES

04/10/2014

Electronic Signature of Signing Officer/Director Detail

Date