


**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 19, 2007 08:00 A**  
**Secretary of State**

<b>DOCUMENT # P02000040717</b>	
1. Entity Name JEM HEALTHCARE ASSOCIATES, INC.	

Principal Place of Business 4674 DEVONSHIRE BLVD. PALM HARBOR, FL 34685	Mailing Address 4674 DEVONSHIRE BLVD. PALM HARBOR, FL 34685
---	---

**DO NOT WRITE IN THIS SPACE**



04152007 No Chg-P CR2E034 (11/05)

4. FEI Number 03-0438711	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

MATTEA, JUDITH A  
4674 DEVONSHIRE BLVD.  
PALM HARBOR, FL 34685

**DO NOT WRITE  
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MATTEA, JUDITH A 4674 DEVONSHIRE BLVD. PALM HARBOR, FL 34685
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MATTEA, EDWARD J 4674 DEVONSHIRE BLVD. PALM HARBOR, FL 34685
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

000000716204  
04/29/07-80007-024 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** *Judith A. Mattea* **SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**

Date: *4/16/07* Daytime Phone #: *727-938-484*