

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000051121

FILED
Apr 26, 2004
Secretary of State

Entity Name: JENNIFER'S MEDICAL MANAGEMENT, INC.

Current Principal Place of Business:

712 PARKWAY COURT
WEST PALM BEACH, FL 33413

New Principal Place of Business:

609 SEA PINE WAY
G2
WEST PALM BEACH, FL 33415

Current Mailing Address:

712 PARKWAY COURT
WEST PALM BEACH, FL 33413

New Mailing Address:

609 SEA PINE WAY
G2
WEST PALM BEACH, FL 33415

FEI Number: 32-0074451

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SPIEGEL & UTRERA, P.A.
1840 SW 22ND ST.
4TH FLOOR
MIAMI, FL 33145 US

Name and Address of New Registered Agent:

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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PSTD () Delete
Name: WALTER, JENNIFER P
Address: 712 PARKWAY COURT
City-St-Zip: WEST PALM BEACH, FL 33413

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PSTD (X) Change () Addition
Name: WALTER, JENNIFER P
Address: 609 SEA PINE WAY G2
City-St-Zip: WEST PALM BEACH, FL 33415

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: JENNIFER P. WALTER

OWNE

04/26/2004

_____ Electronic Signature of Signing Officer or Director

_____ Date