

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000051121

FILED
Apr 08, 2006
Secretary of State

Entity Name: JENNIFER'S MEDICAL MANAGEMENT, INC.

Current Principal Place of Business:

509 5TH LANE
LAKE WORTH, FL 33463

New Principal Place of Business:

1092 WOODFIELD ROAD
WEST PALM BEACH, FL 33415

Current Mailing Address:

509 5TH LANE
LAKE WORTH,, FL 33463

New Mailing Address:

1092 WOODFIELD ROAD
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: MCGUINNESS, JENNIFER P
Address: 509 5TH LANE
City-St-Zip: LAKE WORTH, FL 33463

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PSTD (X) Change () Addition
Name: MCGUINNESS, JENNIFER P
Address: 1092 WOODFIELD ROAD
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 Chapter 119, 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. MCGUINNESS

OWNE

04/08/2006

_____ Electronic Signature of Signing Officer or Director

_____ Date