

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000019080

Entity Name: JMC MEDICAL ASSOCIATES, INC.

FILED
Jan 08, 2009
Secretary of State

Current Principal Place of Business:

200 CONGRESS PARK DRIVE
SUITE 100
DELRAY BEACH, FL 33445

New Principal Place of Business:

Current Mailing Address:

200 CONGRESS PARK DRIVE
STE. 100
DELRAY BEACH, FL 33445

New Mailing Address:

FEI Number: 65-0997305

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KIRSE, PATRICK S
200 CONGRESS PARK DRIVE
STE. 100
DELRAY BEACH, FL 33445 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: D () Delete
Name: MANDOR, ROBERT
Address: 200 CONGRESS PARK DRIVE STE 103
City-St-Zip: DELRAY BEACH, FL 33445

Title: D () Delete
Name: MANDOR, LEONARD
Address: 200 CONGRESS PARK DRIVE STE 103
City-St-Zip: DELRAY BEACH, FL 33445

Title: D () Delete
Name: JACOBSEN, HARVEY
Address: 200 CONGRESS PARK DRIVE STE 103
City-St-Zip: DELRAY BEACH, FL 33445

Title: VT () Delete
Name: KIRSE, PATRICK S
Address: 200 CONGRESS PARK DRIVE STE 100
City-St-Zip: DELRAY BEACH, FL 33445

Title: PS () Delete
Name: CROSBY, CHRISTOPHER
Address: 200 CONGRESS PARK DRIVE STE 100
City-St-Zip: DELRAY BEACH, FL 33445

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: PATRICK S. KIRSE

VT

01/08/2009

Electronic Signature of Signing Officer or Director

Date